

**IN THE UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF PENNSYLVANIA**

DEUTSCHE BANK TRUST COMPANY AMERICAS, AS TRUSTEE FOR THE REGISTERED HOLDERS OF WELLS FARGO COMMERCIAL MORTGAGE SECURITIES, INC., MULTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2016-KS06,	:	
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	:	CIVIL ACTION
	:	
	:	NO. 2:23-cv-01439-TJS
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Plaintiff,	:	
	:	
	:	
v.	:	
	:	
	:	
GREENFIELD OF PERKIOMEN VALLEY, LLC,	:	
	:	
	:	
Defendant.	:	

RECEIVER’S FIRST REPORT AND SUMMARY OF INVENTORY

COMES NOW Sal Thomas of Tarantino Properties, Inc., Receiver (“Receiver”) in the above styled and numbered cause and, pursuant to the Order Appointing Receiver entered by the Court on January 3, 2024 (“Receivership Order”), files this First Report and Summary of Inventory.

I. RECEIVER’S FIRST REPORT

1. Pursuant to the Receivership Order, Receiver submits to the Court this First Report for the Assisted Living and Memory Care facility commonly known as Greenfield Senior Living of Perkiomen Valley located at 300 Perkiomen Valley, Schwenksville, Pennsylvania (the “Property”). This First Report pertains to the Property comprising the receivership as of January 31, 2024 and is more fully set forth on the attached **Exhibit “A”**, which is incorporated herein by reference.

2. I hereby declare that the financial information contained in this First Report is true, accurate and complete, to the best of my knowledge and belief.

II. SUMMARY OF INVENTORY

3. Pursuant to paragraph 6(w) of the Receivership Order, Receiver also files this Summary of Inventory for the Property. The Summary of Inventory is set forth on **Exhibit "6"** to **Exhibit "A"**.

4. In the event that Receiver comes into possession of additional property that is part of the receivership, Receiver will supplement this Summary of Inventory.

Respectfully submitted,



Sal Thomas
Tarantino Properties, Inc.
Court Appointed Receiver
7887 San Felipe, Suite 237
Houston, Texas 77063
Telephone: 713-974-4292
Facsimile: 713-974-5846

EXHIBIT “A”

RECEIVER’S FIRST REPORT AND SUMMARY OF INVENTORY FOR GREENFIELD SENIOR LIVING OF PERKIOMEN VALLEY

INTRODUCTION

Sal Thomas of Tarantino Properties, Inc. (“**Receiver**”) took possession of the Assisted Living and Memory Care facility commonly known as Greenfield Senior Living of Perkiomen Valley located at 300 Perkiomen Valley, Schwenksville, Pennsylvania (“**Property**”) following the entry of the Order Appointing Receiver entered on January 3, 2024.

STATUS OF THE PROPERTY

Overview: The Property is a 93-unit assisted living and memory care facility consisting of 72 private units with a shared bath and 21 companion units with a shared bath. There is one building comprising the Property.

Takeover: Upon Takeover (“**Takeover**”) of the Property, Receiver contacted Greenfield Senior Living (“**Greenfield**”), Borrower’s management company, to discuss the receivership transition. Following Takeover, Receiver terminated Greenfield’s role as property manager. Receiver also distributed a welcome letter to the residents and their families and held a welcome meeting with employees.

Rent Collection & Occupancy: Receiver did not collect any revenue in January. In addition, Borrower did not turn over any January rents collected prior to Takeover or any February rents collected following Takeover.

As of January 31, 2024, the overall occupancy of the Property was approximately 50%. A copy of the rent roll is attached hereto as **Exhibit “1”**. As of January 31, 2024, there were 42 vacant units.

As of January 31, 2024, because Greenfield did not provide an accurate receivables report following Takeover, Receiver was still in the process of fully determining the delinquent rent balance at the Property. Once determined, Receiver will work with the residents and their families/payor source to resolve these balances.

Make Ready Status/Marketing: Of the 42 vacant units, 3 are ready for occupancy.

During the month of January, there was one move-in and two move-outs.

Receiver plans to complete the admission process for all qualified applicants in order to increase occupancy. In an attempt to increase occupancy, a new website was created, digital marketing efforts were implemented, business cards were created and contracts with referral agencies were executed.

Staff & Management: As of January 31, 2024, there were 34 employees at the Property. Receiver believes that the current staffing at the Property is not sufficient to meet the needs of the residents.

Licensing: The Pennsylvania Department of Human Services was notified of the appointment of Receiver. On January 19, 2024, representatives from the Department of Human Services completed a zoom call with Receiver's representatives to ensure the Receiver was aware of the outstanding items that needed to be addressed and discuss what the Receiver had planned for the Property.

At the time of Takeover, the Property was not in compliance with licensure requirements. There were 61 outstanding licensing issues and one outstanding complaint investigation. A copy of the outstanding licensing issues at the time of Takeover is attached as **Exhibit "2"**. Following Takeover, Receiver was initially informed that the plan of correction had been submitted by Greenfield and approved by the Department of Human Services; however, when Receiver accessed the state portal, it was determined that the plan of correction had not been accepted and still required completion. As a result, Receiver meticulously conducted all necessary corrective in-services with the staff and ensured that the training documentation was accurately entered into the state portal for comprehensive review. In addition, a comprehensive onsite binder has been established to facilitate a streamlined approach for any impending state visits. Further, in accordance with the Department of Human Services' request, Receiver created a timeline outlining when specific capital and life safety items will be addressed and completed. Finally, as a proactive measure, a thorough audit of all employee and resident files has been undertaken to identify areas where improvement is needed. In sum, Receiver is actively engaged in rectifying all of the identified areas of deficiency and is committed to working towards achieving full compliance for the Property, including dedicating significant efforts to obtain estimates for the resolution of life safety and capital issues.

Records & IT: Following Takeover, Greenfield provided Receiver with limited information needed for the operation of the Property. The documentation provided consisted of a rent roll report, an income statement and balance sheet extending through December 2023, a vendor list and a T12 report up to June 2023. Despite requests for same, Greenfield has not provided Receiver with the requested reconciliation for the January rents and January expenses, the February rents collected by Greenfield or any bank statements.

In addition, Greenfield funded the final payroll amounting to \$42,641.75; however, they failed to fund the employees' accrued Paid Time Off (PTO). As a result, Receiver assumed responsibility for the outstanding PTO balance for current employees.

Maintenance: Following Takeover, Receiver determined that there were a significant number of pending life safety and other outstanding issues at the Property that needed immediate attention. These included the following issues: (1) the roof needs to be replaced as there are active leaks on every floor of the Property; (2) the only elevator is out of service which has left residents on the fourth floor unable to leave the floor; (3) the fire extinguishers have no tags; (4) with the exception of memory care, the exterior doors do not have working alarms and must be manually locked nightly; (5) there is not a working freezer as the walk-in freezer has been down for a significant amount of time; (6) due to non-payment, the Property does not have a snow

plowing service; (7) handrails need to be added/repared throughout the Property to correct a noted deficiency; (8) leaks in hallways and apartments need to be repaired; (9) carpet needs to be replaced; (10) lighting issues need to be corrected to address a noted deficiency; (11) paint is needed throughout the Property as a result of the water damage; (12) foundation damage needs to be repaired; (13) the exhaust system and ice machine are down; (14) the garage disposal has been inoperable for a significant amount of time; (15) the grease trap is also inoperable and needs to be repaired to correct a noted deficiency; (16) the stoppers on sinks and the hood over the wash area are broken; (17) the top oven is broken; and (18) the legs of the steam table are bent.

As of January 31, 2024, Receiver had incurred expenses relating to routine Property operations, including for utilities, the monthly dining contract, food, kitchen, administrative and maintenance supplies, resident activities, employee hiring/screening, employee appreciation, software, a Yardi license and IT services.

Receiver also incurred expenses to: (1) purchase supplies for resident care; (2) purchase housekeeping supplies; (3) replace the carbon monoxide detectors as required by the Department of Human Services; (4) purchase a stair chair for the residents; and (5) purchase fire extinguishers and first aid supplies. Receiver will also need to purchase a new lock for the Executive Director office.

Insurance: A copy of the certificates of liability insurance secured by Receiver are attached hereto as **Exhibit “3”**. Greenfield provided Receiver with the insurance certificates for Commercial General Liability, Unmbrella Liability and Professional Liability that expired on January 1, 2024.

Utilities and Contracts: Following Takeover, Receiver determined that the water and sewer account was delinquent and is also in the process of obtaining information regarding the remaining utility and trash accounts at the Property.

Receiver also had the opportunity to review contracts in place at the Property and determined that there were outstanding amounts due under several contracts. This includes: (1) the Pennsylvania State Police for background checks; (2) Ecolab; (3) Penncat Critical Power Systems for the Property generator; (4) State Cleaning Solutions for the Property dishwasher; (5) Industrial Chem Labs for sewer cleaning; (6) Air-Vent Duct Cleaning, Inc.; (7) Avay Financial Services; (8) A Place for Mom for referral services; (9) the Commonwealth of Pennsylvania for a boiler inspection; (10) DirecTV for television services; (11) Bureau Veritas National Elevator for elevator inspection services; (12) Tri-State Elevator Company Inc.; (13) FastPro Restoration, Inc.; (14) Fusion Factor; (15) Russell Reid for grease trap removal; (16) Senior Living Consultants for POC assistance and ED support; (17) HD Supply; (18) Landes for an emergency eye wash station and to repair a leaking faucet in the kitchen; (19) Keystone Fire Protection for fire alarm, emergency exit lights and fire extinguishers; (20) Sedwick Landscaping; (21) Patriot Pest Solutions; (22) PTH Pharmerica; and (23) Protection Bureau.

Litigation: Receiver has been made aware of two pending lawsuits which were brought against the Property related to services provided prior to the Takeover. Specifically, Lumez Landscaping LLC has a judgment for \$2,616.75 against the Borrower and Tri-State Elevator

Company Inc. filed an arbitration demand against the Borrower seeking the recovery of \$16,684.02.

Inspection of the Property: Receiver has completed an initial inspection of the Property and there are a number of deferred maintenance issues that will be to be addressed.

As it relates to the interior of the Property, the initial inspection revealed the following: (1) as noted above, the roof is leaking in several places and needs to be replaced. As a result, multiple areas of the Property have leaks; (2) most of the vacant units at the Property are down and need extensive repair; (3) the resident activity areas are cluttered and have worn furniture; (4) as noted above, several of the exterior doors must be manually locked because they do not have magnetic locks; and (5) there are multiple areas with missing lights and missing ceiling tiles.

As it relates to the exterior of the Property, the initial inspection revealed the following: (1) as noted above, numerous handrails are broken or compromised; (2) there is damage to the Property's structural foundation; (3) the landscaping surrounding the Property is overgrown and unkempt; (4) several windows at the Property are broken which impacts security and energy efficiency; and (5) the on-site dumpster is overflowing.

A copy of photographs taken at the time of Takeover are attached hereto as **Exhibit "4"**.

Receiver's Compensation: Pursuant to paragraph 17 of the Order Appointing Receiver, during the month of January, Receiver is entitled to a monthly Receivership Fee of \$1,500.00, a monthly Management Fee of 4% of gross revenue and reimbursement of reasonable costs and expenses associated with the Receivership. As of January 31, 2024, Receiver has been reimbursed \$8,097.05 in travel and other business expenses associated with the Takeover and transition of the Property.

Bank Account & Operations Overview: Receiver has established a new bank account for the Property at Bank of America. The financial information required by the Order Appointing Receiver is attached hereto as **Exhibit "5"**.

SUMMARY OF INVENTORY

An inventory of the property Receiver has taken possession of is attached hereto as **Exhibit "6"**.

EXHIBIT 1

Unit Roster

Community: Greenfield of Perkiomen Valley (pvrec)
As of date: 02/01/2024
Show Rate: Yes
Show Excluded / Waitlisted Units: No
x: Excluded Units w: Waitlisted Units AU: Additional Units
Occupancy Type: Financial Unit Based

x w AU			Unit Code	Privacy Level	Unit Type	Market		Unit Area (Sq.Ft.)	Resident - 2nd Resident		Unit/Resident		Resident/Last	
						Rate Daily	Rate Monthly				Care Level Code	Status	Move-In Date	Contract End Date
	101			PRI	AL Studio Dogwood (dogwood)	\$0.00	\$3,530.00	283.00						
	102			PRI	AL Studio Dogwood (dogwood)	\$0.00	\$3,530.00	283.00						
	103			PRI	AL Studio Dogwood (dogwood)	\$0.00	\$3,530.00	283.00						
	104			PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00						
	105			PRI	AL Studio Dogwood (dogwood)	\$0.00	\$3,530.00	283.00						
	106			PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00						
	107			PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00						
	108			SPA	AL Studio Birch Shared (brichsh)	\$0.00	\$2,570.00	325.00						
	108			SPB	AL Studio Birch Shared (brichsh)	\$0.00	\$2,570.00	325.00						
	109			PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00						
	110			PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00						
	111			SPA	AL Studio Birch Shared (brichsh)	\$0.00	\$2,570.00	325.00						
	111			SPB	AL Studio Birch Shared (brichsh)	\$0.00	\$2,570.00	325.00						
	112			PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00						
	113			PRI	AL Studio Dogwood (dogwood)	\$0.00	\$3,530.00	283.00						
	114			PRI	AL Studio Oak (oaks)	\$0.00	\$4,260.00	530.00						
	115			PRI	AL Studio Oak (oaks)	\$0.00	\$4,260.00	530.00						
	117			PRI	AL Studio Dogwood (dogwood)	\$0.00	\$3,530.00	283.00						
	118			PRI	AL Studio Dogwood (dogwood)	\$0.00	\$3,530.00	283.00						

Unit Roster

Community: Greenfield of Perkiomen Valley (pvrec)
As of date: 02/01/2024
Show Rate: Yes
Show Excluded / Waitlisted Units: No
x: Excluded Units w: Waitlisted Units AU: Additional Units
Occupancy Type: Financial Unit Based

x w		Unit AU Code	Privacy Level	Unit Type	Market		Unit Area (Sq.Ft.)	Resident - 2nd Resident		Unit/ Resident		Resident/ Last		
					Rate Daily	Rate Monthly				Care Level Code	Status	Move-In Date	Contract End Date	Move-Out Date
		119	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL	Current	02/01/2024	12/31/2024	
		120	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL				
		121	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL	Current	02/01/2024	12/31/2024	
		122	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL				
		123	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL				
		124	PRI	AL Studio Dogwood (dogwood)	\$0.00	\$3,530.00	283.00			AL	Current	02/01/2024	12/31/2024	
		125	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL	Current	02/01/2024	12/31/2024	
		126	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL				
		201	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL	Current	02/01/2024	12/31/2024	
		202	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL				
		203	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL	Current	02/01/2024	12/31/2024	
		204	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL				
		205	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL	Current	02/01/2024	12/31/2024	
		206	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL	Current	02/01/2024	12/31/2024	
		207	PRI	AL Studio Holly (holly)	\$0.00	\$2,905.00	250.00			AL				
		208	SPA	AL Studio Burch Deluxe Shared (burchdsh)	\$0.00	\$2,570.00	350.00			AL	Current	02/01/2024	12/31/2024	
		208	SPB	AL Studio Burch Deluxe Shared (burchdsh)	\$0.00	\$2,570.00	350.00			AL	Current	02/01/2024	12/31/2024	
		209	PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00			AL	Current	02/01/2024	12/31/2024	

Unit Roster

Community: Greenfield of Perkiomen Valley (pvrec)
As of date: 02/01/2024
Show Rate: Yes
Show Excluded / Waitlisted Units: No
x: Excluded Units w: Waitlisted Units AU: Additional Units
Occupancy Type: Financial Unit Based

Resident/Last														
Unit/Resident														
Resident - 2nd Resident														
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Unit Roster

Community: Greenfield of Perkiomen Valley (pvrec)
As of date: 02/01/2024
Show Rate: Yes
Show Excluded / Waitlisted Units: No
x: Excluded Units w: Waitlisted Units AU: Additional Units
Occupancy Type: Financial Unit Based

Unit/ Resident										Resident/ Last							
Unit		Privacy		Unit		Market		Market		Resident		Contract		Move-Out			
x	w	Unit Code	Level	Type	Unit Type	Rate Daily	Rate Monthly	Unit Area (Sq.Ft.)	Resident - 2nd Resident	Care Level	Status	Move-In Date	End Date	Move-Out Date	Date		
		227	PRI	AL Studio Dogwood (dogwood)		\$0.00	\$3,530.00	283.00		AL							
		228	PRI	AL Studio Dogwood (dogwood)		\$0.00	\$3,530.00	283.00		AL							
		229	PRI	AL Studio Dogwood (dogwood)		\$0.00	\$3,530.00	283.00		AL							
		230	SPA	AL Studio Birch Shared (brichsh)		\$0.00	\$2,570.00	325.00		AL	Current	02/01/2024	12/31/2024				
		230	SPB	AL Studio Birch Shared (brichsh)		\$0.00	\$2,570.00	325.00		AL	Current	02/01/2024	12/31/2024				
		231	PRI	AL Studio Birch (birch)		\$0.00	\$3,680.00	325.00		AL							
		232	PRI	AL Studio Birch (birch)		\$0.00	\$3,680.00	325.00		AL	Current	02/01/2024	12/31/2024				
		301	SPA	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM	Current	02/01/2024	12/31/2024				
		301	SPB	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM							
		302	SPA	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM	Current	02/01/2024	12/31/2024				
		302	SPB	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM							
		303	SPA	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM							
		303	SPB	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM							
		304	SPA	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM	Current	02/01/2024	12/31/2024				
		304	SPB	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM							
		305	PRI	MC Studio Willow (willo)		\$0.00	\$5,088.00	300.00		DM							
		306	SPA	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM							
		306	SPB	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM							
		307	SPA	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM	Current	02/01/2024	12/31/2024				
		307	SPB	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		DM							
Unit Roster										Monday, February 19, 2024							

Unit Roster

Community: Greenfield of Perkiomen Valley (pvrec)
As of date: 02/01/2024
Show Rate: Yes
Show Excluded / Waitlisted Units: No
x: Excluded Units w: Waitlisted Units AU: Additional Units
Occupancy Type: Financial Unit Based

Unit				Privacy		Unit Type	Market		Unit Area (Sq.Ft.)	Resident - 2nd Resident		Unit/Resident		Resident/Last		
x	w	AU	Code	Level			Rate Daily	Monthly				Resident Care Level Code	Status	Move-In Date	Contract End Date	Move-Out Date
			308	SPA		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			308	SPB		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			309	SPA		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			309	SPB		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			310	PRI		MC Studio Willow (willo)	\$0.00	\$5,088.00	300.00							
			311	SPA		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			311	SPB		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			312	PRI		MC Studio Willow (willo)	\$0.00	\$5,088.00	300.00							
			313	SPA		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			313	SPB		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			314	SPA		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			314	SPB		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			315	PRI		MC Studio Willow (willo)	\$0.00	\$5,088.00	300.00							
			316	SPA		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			316	SPB		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			317	SPA		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			317	SPB		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			318	PRI		MC Studio Willow (willo)	\$0.00	\$5,088.00	300.00							
			319	SPA		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							
			319	SPB		MC Studio Willow Shared (willowsh)	\$0.00	\$3,630.00	300.00							

Unit Roster

Monday, February 19, 2024

Unit Roster

Community: Greenfield of Perkiomen Valley (pvrec)
As of date: 02/01/2024
Show Rate: Yes
Show Excluded / Waitlisted Units: No
x: Excluded Units w: Waitlisted Units AU: Additional Units
Occupancy Type: Financial Unit Based

x		w		Unit	Privacy	Unit	Market		Market	Unit Area	Resident - 2nd Resident		Resident	Move-In	Contract	Resident/
	AU		Code	Level	Type		Rate	Monthly	(Sq.Ft.)			Status	Date	End Date	Move-Out	Last
			320	PRI	MC Studio Willow (willow)		\$0.00	\$5,088.00	300.00		*Vacant		DM			
			321	SPA	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		*Vacant		DM			
			321	SPB	MC Studio Willow Shared (willowsh)		\$0.00	\$3,630.00	300.00		*Vacant		DM			
			322	PRI	MC Studio Willow (willow)		\$0.00	\$5,088.00	300.00		*Vacant		DM			
			401	PRI	AL Studio Birch (birch)		\$0.00	\$3,680.00	325.00		*Vacant		AL			

Unit Roster

Community: Greenfield of Perkiomen Valley (pvrec)
As of date: 02/01/2024
Show Rate: Yes
Show Excluded / Waitlisted Units: No
x: Excluded Units w: Waitlisted Units AU: Additional Units
Occupancy Type: Financial Unit Based

				Market			Unit Area		Resident - 2nd Resident		Unit/ Resident		Resident/ Last		
x	w	AU	Unit Code	Privacy Level	Unit Type	Market Rate Daily	Market Rate Monthly	Unit Area (Sq.Ft.)			Resident Care Level Code	Status	Move-In Date	Contract End Date	Move-Out Date
			402	PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00	<div></div>		AL	Current	02/01/2024	12/31/2024	
			403	PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00			AL				
			404	PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00			AL				
			405	PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00			AL	Current	02/01/2024	12/31/2024	
			406	PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00			AL	Current	02/01/2024	12/31/2024	

Unit Roster

Community: Greenfield of Perkiomen Valley (pvrec)
As of date: 02/01/2024
Show Rate: Yes
Show Excluded / Waitlisted Units: No
x: Excluded Units w: Waitlisted Units AU: Additional Units
Occupancy Type: Financial Unit Based

Market										Unit/ Resident		Resident/ Last		
x	w	AU	Unit Code	Privacy Level	Unit Type	Market Rate		Unit Area (Sq.Ft.)	Resident - 2nd Resident	Resident Care Level Code	Resident Status	Move-In Date	Contract End Date	Move-Out Date
						Daily	Monthly							
			407	PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00		AL				
			408	PRI	AL Studio Birch (birch)	\$0.00	\$3,680.00	325.00		AL	Current	02/01/2024	12/31/2024	
			409	PRI	AL Studio Oak (oaks)	\$0.00	\$4,260.00	530.00		AL	Current	02/01/2024	12/31/2024	
			410	PRI	AL Studio Oak (oaks)	\$0.00	\$4,260.00	530.00		AL				
			411	PRI	AL Studio Oak (oaks)	\$0.00	\$4,260.00	530.00		AL				

Unit Roster

Community: Greenfield of Perkiomen Valley (pvrec)
As of date: 02/01/2024
Show Rate: Yes
Show Excluded / Waitlisted Units: No
x: Excluded Units w: Waitlisted Units AU: Additional Units
Occupancy Type: Financial Unit Based

x w		Unit Code		Privacy Level	Unit Type	Market Rate		Unit Area (Sq.Ft.)	Resident - 2nd Resident	Unit/ Resident		Resident/ Last		
										Care Level Code	Status	Move-In Date	Contract End Date	Move-Out Date
		412		PRI	AL Studio Oak (oaks)	\$0.00	\$4,260.00	530.00		AL				
		413		PRI	AL Studio Oak (oaks)	\$0.00	\$4,260.00	530.00		AL				
		414		SPA	AL Studio Oak Shared (oaksh)	\$0.00	\$2,570.00	530.00		AL	Current	02/01/2024	12/31/2024	
		414		SPB	AL Studio Oak Shared (oaksh)	\$0.00	\$2,570.00	530.00		AL	Current	02/01/2024	12/31/2024	
Grand Total						\$0.00	\$405,086.00							

Unit Roster

Unit Type	Total Units (A)	Total Capacity (B)	Total Units Occupied (C)	Units Occupied			Additional Resident (F)	Available Units	Occupancy % (C/A)	Second Residents	Total Residents	Total Excluded Units	Total Waitlisted Units	
				Disregarding Capacity (D)	Residents (E)	Unit (F)								
Greenfield of Perkiomen Valley (pvrec)														
Assisted Living														
AL Studio Birch (birch)	23	23	17.00	17.00	17.00	0.00	6.00	73.91%	0	17	0	0	0	
AL Studio Birch Shared (brichsh)	3	6	2.00	3.00	4.00	0.00	1.00	66.67%	0	4	0	0	0	
AL Studio Burch Deluxe (birchde)	6	6	4.00	4.00	4.00	0.00	2.00	66.67%	0	4	0	0	0	
AL Studio Burch Deluxe Shared (burchdsh)	2	4	1.50	2.00	3.00	0.00	0.50	75.00%	0	3	0	0	0	
AL Studio Dogwood (dogwood)	11	11	2.00	2.00	2.00	0.00	9.00	18.18%	0	2	0	0	0	
AL Studio Holly (holly)	18	18	9.00	9.00	9.00	0.00	9.00	50.00%	0	9	0	0	0	
AL Studio Oak (oaks)	5	5	1.00	1.00	1.00	0.00	4.00	20.00%	0	1	0	0	0	
AL Studio Oak Shared (oaksh)	1	2	1.00	1.00	2.00	0.00	0.00	100.00%	0	2	0	0	0	
Total Assisted Living			69	75	37.50	39.00	42.00	0.00	31.50	54.35%	0	42	0	0
Dementia Care														
AL Studio Oak (oaks)	2	2	2.00	2.00	2.00	0.00	0.00	100.00%	0	2	0	0	0	
MC Studio Willow (willow)	7	7	1.00	1.00	1.00	0.00	6.00	14.29%	0	1	0	0	0	
MC Studio Willow Shared (willowsh)	15	30	5.50	10.00	11.00	0.00	9.50	36.67%	0	11	0	0	0	
Total Dementia Care			24	39	8.50	13.00	14.00	0.00	15.50	35.42%	0	14	0	0
Total Greenfield of Perkiomen Valley (pvrec)			93	114	46.00	52.00	56.00	0.00	47.00	49.46%	0	56	0	0

Legend

Care Level Codes

Code	Care Level	Currently Active ?
83S	Assisted Living Care	No
AL	Assisted Living	Yes
DM	Dementia Care	Yes
IL	Independent Living	Yes
LTC	Long Term Care	Yes
RET	Retail	Yes
SNF	Skilled Nursing Facilities	Yes

Privacy Level Codes

Code	Privacy Level	Currently Active ?
DAS	Double A Second Resident	Yes
DBS	Double B Second Resident	Yes
PRI	Single	Yes
QAS	Quadruple A Second Resident	Yes
QBS	Quadruple B Second Resident	Yes
QCS	Quadruple C Second Resident	Yes
QDA	Quadruple A	Yes
QDB	Quadruple B	Yes
QDC	Quadruple C	Yes
QDD	Quadruple D	Yes
QDS	Quadruple D Second Resident	Yes
SEC	Second Resident	Yes
SPA	Double A	Yes
SPB	Double B	Yes
TAS	Triple A Second Resident	Yes
TBS	Triple B Second Resident	Yes
TCS	Triple C Second Resident	Yes
TOA	Triple A	Yes
TOB	Triple B	Yes
TOC	Triple C	Yes

EXHIBIT 2

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

Name: GREENFIELD OF PERKIOMEN VALLEY License #: 13735 License Expiration: 08/09/2024
Address: 300 PERKIOMEN AVENUE, SCHWENKSVILLE, PA 19473

Inspection Information

Start Date: 10/31/2023 Type: Full

Staff Privacy Coding

<u>Designation</u>	<u>Staff Members Name</u>	<u>Job Title</u>	<u>Date Hired</u>
Staff Member A			03/27/2023
Staff Member B			09/08/2023

Resident Privacy Coding

<u>Designation</u>	<u>Resident's Name</u>
Resident 1	
Resident 2	
Resident 3	
Resident 4	
Resident 5	
Resident 6	
Resident 7	
Resident 8	
Resident 9	
Resident 10	
Resident 11	

1. Requirements

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

On 11/6/23, at 2:41 pm, medication administration records were unlocked, unattended, and accessible the Secured Dementia Care Unit medication room.

2. Requirements

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Under Act 106 of 2010: The Retail Food Facility Safety Act (3Pa.C.S.A. §§5701-5714) and The Food Safety Act (3Pa.C.S.A. §§5721-5737) and the Local Health Administration Law Act 315 approved August 24, 1951, P.L. 1304, as amended, as found in 16 P.L. §12001 et seq, a person may not operate a food facility, food establishment, retail food establishment, mobile vending unit, a temporary or otherwise transient food establishment without a valid permit to operate issued by the Montgomery County Health Department. The home's license to operate a food establishment expired 5/31/23.

The kitchen's hood, fan, and duct work were last cleaned 7/26/22 and have a renew by date of 1/2023.

Plan of Correction

3. Requirements

Description of Violation

Plan of Correction

4. Requirements

Description of Violation

5 of 34

Plan of Correction

Description of Violation

Plan of Correction

2600.

Description of Violation

6 of 34

Criminal Background Check

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Staff person B was hired on 9/8/23, However this person's criminal background check was completed on 9/11/23.

Repeat Violation: 5/17/22 et al.

- Staff/Support Plan

0.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

60a - Staff/Support Plan (continued)

Plan of Correction

Licensee's Proposed Overall Completion Date

65a - FS Orientation 1st Day

9. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was 3/27/23, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Licensee's Proposed Overall Completion Date

65b - Rights/Abuse 40 Hours

10. Requirements

2600.

65b - Rights/Abuse 40 Hours (continued)

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on or around 4/3/23. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction**Licensee's Proposed Overall Completion Date****81b - Resident Personal Equipment****11. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 10/31/2023, a bedside mobility device was present on resident 5's bed, with openings measuring 12 inches by 8 inches between the top and the middle of the enabler, and a gap 6 inches wide between the bottom of the enabler and the mattress. The enabler was not covered and was not securely attached to the structure of the bed.

Plan of Correction**Licensee's Proposed Overall Completion Date****82c - Locking Poisonous Materials****12. Requirements**

2600.

82c - Locking Poisonous Materials (continued)

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 10/31/23 at 12:30 pm, cleaning products, including degreaser and sanitizer, were unlocked, unattended, and accessible to residents the Secure Dementia Care Unit.

On 11/17/23, a bottle of hand sanitizer and a bottle of rug cleaner, were unlocked, unattended, and accessible in room 302. Dial hand soap, with a label that read, "if swallowed, get medical help or Poison Control Center immediately." was unlocked, unattended, and accessible on the bathroom sink in room 301. Both rooms are located in the Secure Dementia Care Unit.

Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Repeat Violations: 5/17/22 et al.

Plan of Correction**Licensee's Proposed Overall Completion Date****85a - Sanitary Conditions****13. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/31/23 at 10:09 am, room 306 had a strong smell of feces, and there was a trash can in the bedroom with paper towels that were covered in feces.

On 10/31/23 at 11:53 am, the sink in the kitchen was clogged with garbage.

On 10/31/23 at 12:45 pm, the toilet in room 311 had dried brown matter that appeared to be feces on the toilet seat, additionally, there was no method of hand drying in the bathroom.

On 11/6/23, resident 6's room was littered with trash throughout the entire room. The trash began at the door, and went throughout the sitting area, the resident's bedroom, and the resident's bathroom. There was also a pile of trash collected on the resident's bed. There was a strong odor in the room, and there were soiled incontinence products in a wastebasket next to the resident's bed. The carpet in the room is stained. On 11/17/23, a litter box with an large accumulation of cat feces was observed in the resident's closet.

85a - Sanitary Conditions (continued)

*The carpet throughout the entire personal care home hallways and common areas is stained and visibly dirty.
The basement off of the second floor has a large accumulation of debris, trash and various items stored in the area.*

Plan of Correction

Licensee's Proposed Overall Completion Date**85b - Infestation****14. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 11/17/23, gnats were present in rooms 401 and 402.

Plan of Correction

Licensee's Proposed Overall Completion Date**85d - Trash Receptacles****15. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/31/23 at 11:27 am there was a 3/4 full, uncovered, unattended trash can in the main kitchen.

On 10/31/23, the trash can in the Secured Dementia Care Unit kitchen was uncovered and unattended.

On 11/6/23, there are 2 uncovered trashcans in the bathroom in room 406.

1. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

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86a - Ventilation (continued)**Plan of Correction**

Licensee's Proposed Overall Completion Date**87 - Lighting****18. Requirements**

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The exit sign at the bottom of the back ramp is not lit.

The stairwell leading to the 4th floor is not adequately lit.

On 10/31/23 at 10:24 am, the light in room 316 was flickering on and off.

Plan of Correction

Licensee's Proposed Overall Completion Date**88a - Surfaces****19. Requirements**

2600.

- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 10/31/23, the carpet on the back ramp was lifting up and posed a tripping hazard. The transition strip at the entrance of the med room was in disrepair and posed a tripping hazard.

On 10/31/23, water was leaking from the ceiling in memory care near rooms 302 and 303. Water was dripping on electrical wires.

On 11/6/23 at 11:33 am, in the library, the ceiling was leaking. There were damaged ceiling tiles and water was

88a - Surfaces (continued)

being collected in a trash can placed on the floor.

On 11/6/23, in the storage basement, the room to the left of the entrance had a large puddle of water. The basement ceiling has holes throughout. Paint on the walls was peeling and in disrepair. In the second basement, the ceiling has holes throughout.

On 11/6/23, room 403 had an active leak and room had water pooled on the floor and the carpet in the room was wet.

Plan of Correction**Licensee's Proposed Overall Completion Date****91 - Telephone Numbers****20. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in rooms 103, 109, 215, and 218.

Plan of Correction**Licensee's Proposed Overall Completion Date****92 - Windows****21. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Abstract

$$0.958 \pm 0.002 \text{ (stat)} \pm 0.002 \text{ (syst)} \pm 0.002 \text{ (th)} \pm 0.002 \text{ (mod)} \pm 0.002 \text{ (tot)}$$

Description of Violation

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[Sitemap](#)
[Feedback](#)

[illegible]

Description of Violation

0896

Licensee's Proposed Overall Completion Date

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

24. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 10/31/23, the ice maker, garbage disposal, and walk-in freezer in the main kitchen were all out of order.

On 10/31/23, the bathroom sink in room 306 was leaking.

On 10/31/23, the dresser that belongs to resident 3 had a broken drawer.

On 11/6/23, the sump pump in the second basement is covered in duct tape and was out of order. The boiler in this basement had water pooled at the bottom and was flashing an error message indicating that service was required. The exit door in the basement leading outside was rotted and falling apart at the bottom.

On 11/6/23, in the first floor courtyard, there were two wood swing chairs that were in disrepair and falling apart.

Plan of Correction

Licensee's Proposed Overall Completion Date

Trial	Control (n = 10)	MCI (n = 10)	AD (n = 10)
1	85	75	65
2	85	75	65
3	85	70	60
4	85	70	55
5	85	65	55

25. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Figure 1. The effect of the number of trials on the number of correct responses. The number of correct responses was plotted against the number of trials for each condition. The number of correct responses increased with the number of trials for all conditions. The number of correct responses was highest for the condition with the highest number of trials (10 trials) and lowest for the condition with the lowest number of trials (2 trials).

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100

Abstract: The purpose of this study was to determine the effect of a 12-week training program on the physical and psychological health of elderly people. The study was conducted in a community center in Istanbul, Turkey. The participants were 30 elderly people (15 men and 15 women) aged 65 and over. They were divided into two groups: a control group and an experimental group. The experimental group participated in a 12-week training program consisting of aerobic exercises, strength training, and flexibility exercises. The control group did not participate in any training program. The physical health of the participants was measured using a series of tests, including a 6-minute walk test, a 10-meter walk test, a 30-second chair stand test, and a 30-second sit-to-stand test. The psychological health of the participants was measured using a series of tests, including a Beck Depression Inventory (BDI) and a State-Trait Anxiety Inventory (STAI). The results of the study showed that the experimental group had significantly better physical and psychological health than the control group after 12 weeks of training. The 6-minute walk test, 10-meter walk test, 30-second chair stand test, and 30-second sit-to-stand test scores were significantly higher in the experimental group than in the control group. The BDI and STAI scores were significantly lower in the experimental group than in the control group. The results of this study suggest that a 12-week training program can improve the physical and psychological health of elderly people.

1. *Journal of Management Studies*, 1990, 27, 1, 1-14.

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

Antibiotic Resistance

4 5 6

1. *Chlorophyll a* (Chl *a*)

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840.

101j3 - Bed/Linens/Pillows/Blankets (continued)

On 11/6/23, the bed for resident 6 had soiled bed linens.

Plan of Correction

Licensee's Proposed Overall Completion Date

101j7 - Lighting/Operable Lamp

28. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents 3, 7, 8, 9, and 10 do not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 5/17/22 et al.

Plan of Correction

Licensee's Proposed Overall Completion Date

101o - Walls, Floors, Ceilings

29. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The floor in bedroom 303 was bubbling and lifting up posing a tripping hazard.

The carpet in room 409 was stained.

1.2.2 There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must

1021. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

103b - Clean/Sanitized Kitchen Surfaces (continued)**Plan of Correction****Licensee's Proposed Overall Completion Date****103c - Food Protected****32. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 10/31/23, in the beverage and desserts refrigerator, there were 2 pitchers of clear liquid that were not covered. In the bistro refrigerator, there was a plastic container of fried chicken that was not covered. In the bistro freezer there was a cup of ice cream that was not covered.

Plan of Correction**Licensee's Proposed Overall Completion Date****103d - Storing Food Off Floor****33. Requirements**

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 10/31/23, six 5-gallon jugs of water were stored on the floor in the third floor hallway. There were twenty 5-gallon jugs being stored on the floor in room 117.

Repeat Violation: 5/17/22 et al.

103d - Storing Food Off Floor (continued)**Plan of Correction****Licensee's Proposed Overall Completion Date****103e - Left Overs****34. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were unlabeled, undated bags of french fries, mozzarella, peppers and onions, and pizza rolls in the home's freezer.

Plan of Correction**Licensee's Proposed Overall Completion Date****103f - Refrigerator/Freezer Temps****35. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10/31/23, the temperature in the bistro freezer was 10 degrees Fahrenheit. The Secured Dementia Care Unit freezer did not have a thermometer. The temperature in the Secured Dementia Care Unit refrigerator was 46 degrees Fahrenheit.

Repeat Violation: 5/17/22 et al.

103f - Refrigerator/Freezer Temps (continued)**Plan of Correction****Licensee's Proposed Overall Completion Date****103g - Storing Food****36. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 10/31/23, there were sandwich rolls and a large bag of croutons in the dry storage area that were opened and unsealed.

Plan of Correction**Licensee's Proposed Overall Completion Date****103i - Outdated Food****37. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 10/31/23, in the beverage and desserts refrigerator, there was a pack of biscuits not labeled and dated.

On 10/31/23, in the main kitchen, there were large bins of rice, sugar, and flour that were not labeled and not dated.

On 10/31/23, in the dry storage area, there were bags of macaroni, spaghetti, egg noodles, lasagna, ½ loaf of bread, 1 pack of soup mix, 1 pack of cake mix, 4 plastic tubs of cereal, bag of powdered sugar, 2 bags of granola, and a bag of peanuts. All not labeled and not dated.

On 10/31/23, the following food items from the emergency food supply were expired: 6 cans of corned beef hash, 3 cans of chicken noodle soup, wheat cereal, and 6 cans of ravioli.

103i - Outdated Food (continued)

Repeat Violation: 5/17/22 et al.

Plan of Correction**Licensee's Proposed Overall Completion Date****103j - Utensils Cleaning****38. Requirements**

2600.

103.j. Eating, drinking and cooking utensils shall be washed, rinsed and sanitized after each use by a method specified in 7 Pa. Code Chapter 46, Subchapter D (relating to equipment, utensils and linen).

Description of Violation

On 10/31/23, the toaster in the main kitchen was not clean. There was a buildup of crumbs in the bottom of the toaster and the outside was greasy.

On 10/31/23, the microwave in the main kitchen was covered in grime on the inside and outside.

On 10/31/23, the toaster in the Secured Dementia Care Unit kitchen that was not clean. There was a large accumulation of crumbs in the bottom.

Plan of Correction**Licensee's Proposed Overall Completion Date****105f - Labeling/Return of Clothes****39. Requirements**

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

105f - Labeling/Return of Clothes (continued)**Description of Violation**

The home does not have a system to safeguard resident laundry from loss. On 10/31/23 a bag of unlabeled clothes was found in the third floor laundry room. On 11/17/23, there were bags of unlabeled clothes in the care room in the Secured Dementia Care Unit.

Plan of Correction**Licensee's Proposed Overall Completion Date****105g - Lint Removal and Duct Cleaning****40. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/31/23, there was an accumulation of lint in the lint trap of the dryer on the third floor. There were no clothes in the dryer at the time.

On 11/6/23, there was an approximate 2 inch accumulation of lint in the lint trap of the dryer on the first floor. There were no clothes in the dryer at the time.

Plan of Correction**Licensee's Proposed Overall Completion Date****107c - Food/Water 3 Day Supply****41. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 10/31/23, the home did not have a 3-day supply of nonperishable food. The home served 69 residents and had only the following expired food items on hand for the emergency supply: 6 cans of corned beef hash, 3 cans of chicken

107c - Food/Water 3 Day Supply (continued)

noodle soup, wheat cereal, and 6 cans of ravioli.

Repeat Violation: 5/17/22 et al.

Plan of Correction**Licensee's Proposed Overall Completion Date****107d - Procedure Emergency Management Agency Submission****42. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency.

Plan of Correction**Licensee's Proposed Overall Completion Date****121a - Unobstructed Egress****43. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 11/6/23, the bedroom door in room 409 could not be opened fully because it was obstructed by trash. This prevented immediate egress from the bedroom.

$\sum_{j=1}^n \frac{1}{\lambda_j} = \frac{n}{\lambda}$

[illegible][illegible]

125b - Combustible Restrictions (continued)**Plan of Correction****Licensee's Proposed Overall Completion Date****127a - Portable Space Heaters****46. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation*On 11/6/23, there were 2 portable space heaters in the basement storage area.***Plan of Correction****Licensee's Proposed Overall Completion Date****129a - Fireplace Screens****47. Requirements**

2600.

129.a. A fireplace must be securely screened or equipped with protective guards while in use.

Description of Violation*On 10/31/23, the fireplace in the home's Secured Dementia Care Unit unit was not covered with a protective guard.***Plan of Correction****Licensee's Proposed Overall Completion Date****131f - Fire Extinguisher Inspection**

48. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers in the home's van and the bus have not been inspected.

Plan of Correction

Licensee's Proposed Overall Completion Date

162c - Menus Posted**49. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's 2-week menu was not posted in the Secured Dementia Care Unit.

Repeat Violation: 5/17/22 et al.

Plan of Correction

Licensee's Proposed Overall Completion Date

162e - Menu Changes**50. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 10/31/23, there was no fruit, roast beef, cheddar, Swiss, provolone, tuna salad, chicken salad, egg salad, and butter in the home. These items all appeared on the always available menu. The breakfast for 10/31/23 also listed seasonal fruit and it was not served. No notice was provided to the residents in advance of the meal.

162e - Menu Changes (continued)**Plan of Correction****Licensee's Proposed Overall Completion Date****171b5 - First Aid Kit****51. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van does not include an eye covering.

The first aid kit in the bus does not include an eye covering and antiseptic.

Plan of Correction**Licensee's Proposed Overall Completion Date****181d - Storing Medication****52. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 5 self-administers medications and stores medications in his/her room. On 11/6/23, there were several unlocked, unattended medications to include Tylenol and Saline Nasal Spray in resident 3's bedroom.

Resident 6 self-administers medications and stores medications in his/her room. On 11/6/23 and 11/17/23, there were several unlocked, unattended medications to include Tylenol and Clonidine in resident 4's bedroom.

181d - Storing Medication (continued)**Plan of Correction****Licensee's Proposed Overall Completion Date****183b - Meds and Syringes Locked****53. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 11/6/23 at 2:41 pm, the Secured Dementia Care Unit medication room was unlocked, unattended, and accessible. The PRN medication cart was in this room and it was unlocked and there were medications on top of the PRN cart as well.

Plan of Correction**Licensee's Proposed Overall Completion Date****183d - Prescription Current****54. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/17/23, resident 6 had Prevagen in the home. The resident does not have an order for this medication.

183d - Prescription Current (continued)**Plan of Correction****Licensee's Proposed Overall Completion Date****183e - Storing Medications****55. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 11/6/23, there was a loose pill on the first cart drawer in the first floor medication room.

On 11/17/23, there was Insulin Lispro Injection in the refrigerator in the first floor medication room. The medication expired 10/2023.

Repeat Violation: 5/17/22 et al.

Plan of Correction**Licensee's Proposed Overall Completion Date****184a - Resident's Meds Labeled****56. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

184a - Resident's Meds Labeled (continued)**Description of Violation**

On 11/17/23, there was Insulin Lispro Injection in the refrigerator in the first floor medication room that does not have a pharmacy label.

Plan of Correction**Licensee's Proposed Overall Completion Date****185a - Implement Storage Procedures****57. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 7 is prescribed Acetaminophen 325 MG and Primatene Mist Inhalation as needed.

On 11/17/23, these medications were not available in the home.

Resident 10 is prescribed Ibuprofen 400 MG, Z-Guard, Diclofenac Gel 1%, and Prochlorperazine 10 MG as needed.

On 11/6/23, these medications were not available in the home.

Plan of Correction**Licensee's Proposed Overall Completion Date****187a - Medication Record****58. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.

187a - Medication Record (continued)

4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 7 is prescribed Haloperidol 5 MG, Benzotropine Mes 0.5 MG, Divalproex Sod DR 500 MG, and Cefpodoxime 200 MG. However, the resident's November 2023 medication administration record does not indicate diagnosis or purpose for the medication. The medication administration record is also missing the initials of the staff person who administered medications on 11/17/23 at 8:00 am.

Resident 10 is prescribed Haloperidol. However, the resident's November 2023 medication administration record does not indicate diagnosis or purpose for the medication.

Resident 11's am medications are scheduled to be administered at 8:30am, however, on 11/17/23 at 10:00 am, resident's 11's AM medications were administered to the resident.

Plan of Correction**Licensee's Proposed Overall Completion Date****225c - Additional Assessment****59. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 5's assessment, dated 10/10/23, does not include the need for a bedside mobility device.

Resident 6's assessment dated 3/5/23, does not mention the resident's hoarding behavior.

Resident 10's assessment dated 1/20/23, does not include an accurate mobility assessment.

100

88. Requirements

2000. The

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

1. [Introduction](#)
 2. [Getting started](#)
 3. [Using the API](#)
 4. [Using the CLI](#)
 5. [Using the GUI](#)
 6. [Using the REST API](#)
 7. [Using the GraphQL API](#)
 8. [Using the OpenAPI API](#)
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61. Requirements

251 b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

| Section | Description of Violation |
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Correction fluid was used on resident 7's November 2023 medication administration record.

[illegible]

EXHIBIT 3



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|--|
| PRODUCER
Insgroup LLC
5151 San Felipe St, Ste 2400
Houston TX 77056 | CONTACT NAME: Nicolette Gallegos
PHONE (A/C. No. Ext): 713-541-7272
FAX (A/C. No):
E-MAIL ADDRESS: |
| INSURED
Tarantino Senior Living Communities, LLC
Tarantino Properties, Inc.
7887 San Felipe #237
Houston TX 77063 | INSURER(S) AFFORDING COVERAGE
INSURER A: National Fire & Marine Insuran
INSURER B: American Empire Surplus Lines
INSURER C: Homesite Insurance Company
INSURER D:
INSURER E:
INSURER F: |
| | NAIC #
20079
35351
17221 |

COVERAGES**CERTIFICATE NUMBER:** 957818365**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|--|-----------------------------------|----------|---|----------------------------------|----------------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY
<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR
<input checked="" type="checkbox"/> \$50,000 ded
GEN'L AGGREGATE LIMIT APPLIES PER:
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC
OTHER: | | | NSC101148 | 1/3/2024 | 1/8/2024 | EACH OCCURRENCE \$ 1,000,000
DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
MED EXP (Any one person) \$ 5,000
PERSONAL & ADV INJURY \$ 1,000,000
GENERAL AGGREGATE \$ 3000000/3000000
PRODUCTS - COMP/OP AGG \$ 3,000,000
Policy Aggregate \$ 12,000,000 |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY
<input type="checkbox"/> ANY AUTO
<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS
<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | NSC101148 | 1/3/2024 | 1/8/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
BODILY INJURY (Per person) \$
BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$
\$ |
| A | <input type="checkbox"/> UMBRELLA LIAB
<input checked="" type="checkbox"/> EXCESS LIAB
DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | ENSC101148 | 1/3/2024 | 1/8/2024 | EACH OCCURRENCE \$ 10,000,000
AGGREGATE \$ 10,000,000
\$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N
<input type="checkbox"/> | N / A | | | | PER STATUTE
E.L. EACH ACCIDENT \$
E.L. DISEASE - EA EMPLOYEE \$
E.L. DISEASE - POLICY LIMIT \$ |
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B
C | Professional Liab
Excess Liability
Excess Liability | | | NSC101148
XS E928708
SCX-140070531-00 | 1/3/2024
1/3/2024
1/3/2024 | 1/8/2024
1/8/2024
1/8/2024 | Per Claim/Aggregate \$1M/\$3M
Per Claim/Aggregate \$10M xs \$10M
Per Claim/Aggregate \$5M xs \$20M |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policies provide 30 days notice of cancellation except 10 days for non-payment of premium

RE: Greenfield of Perkiomen Valley 300 Perkiomen Ave. Schwenksville, PA 19473
Greenfield of Perkiomen Valley, LLC is a Named Insured

CWC Capital Asset Management LLC & Affiliates are additional insured(s) on the General Liability Policy and Co-Defendant(s) on the Professional Liability Policy

CERTIFICATE HOLDER**CANCELLATION**CWC Capital Asset Management LLC & Affiliates,
7501 Wisconsin Ave.,
Bethesda MD 20815

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

Pollution Legal Liability (including mold matter coverage)

Policy Term: 12/15/2023 – 12/15/2025

Company: Great American E & S Insurance Company

Limit: \$1,000,000 Each Pollution Condition / \$35,000,000 Aggregate Limit

Self-Insured Retention: \$25,000 Each Pollution Condition 3 day wait on business interruption, each pollution condition



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|--|
| PRODUCER
Insgroup
5151 San Felipe St, Ste 2400
Houston TX 77056 | CONTACT
NAME: Nicolette Gallegos
PHONE
(A/C, No, Ext): 713-541-7272
FAX
(A/C, No):
E-MAIL
ADDRESS: nicolette.gallegos@insgroup.net |
| INSURED
Tarantino Senior Living Communities, LLC
Tarantino Properties, Inc.
7887 San Felipe #237
Houston TX 77063 | INSURER(S) AFFORDING COVERAGE
INSURER A: Texas Mutual Insurance Company
INSURER B: Argonaut Insurance Company
INSURER C: National Fire & Marine Ins
INSURER D: Great American Risk Solutions
INSURER E: Homesite Insurance Company
INSURER F: |

COVERAGES**CERTIFICATE NUMBER:** 126366963**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|--|---|----------|--|----------------------------------|----------------------------------|--|
| C | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY
<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR
<input checked="" type="checkbox"/> \$50,000 ded
GEN'L AGGREGATE LIMIT APPLIES PER:
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC
OTHER: | | | NSC101148 | 1/9/2024 | 1/9/2025 | EACH OCCURRENCE \$ 1,000,000
DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
MED EXP (Any one person) \$ 5,000
PERSONAL & ADV INJURY \$ 1,000,000
GENERAL AGGREGATE \$ 3000000/3000000
PRODUCTS - COMP/OP AGG \$ 3,000,000
Policy Aggregate \$ 12,000,000 |
| C | <input type="checkbox"/> AUTOMOBILE LIABILITY
<input type="checkbox"/> ANY AUTO
<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS
<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | NSC101148 | 1/9/2024 | 1/9/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
BODILY INJURY (Per person) \$
BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$
\$ |
| C | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR
<input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE
DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | ENSC101148 | 1/9/2024 | 1/9/2025 | EACH OCCURRENCE \$ 10,000,000
AGGREGATE \$ 10,000,000
\$ |
| A
B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N
<input type="checkbox"/> N / A | | 0001124459
92881830986-4 | 12/1/2023
12/1/2023 | 12/1/2024
12/1/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
E.L. EACH ACCIDENT \$ 1,000,000
E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
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Excess Liability
Excess Liability | | | NSC101148
XS E928708-01
SCX-140070531-01 | 1/9/2024
1/9/2024
1/9/2024 | 1/9/2025
1/9/2025
1/9/2025 | Per Claim/Aggregate \$1M/\$3M
Per Claim/Aggregate \$10M xs \$10M
Per Claim/Aggregate \$5M xs \$20M |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policies provide 30 days notice of cancellation except 10 days for non-payment of premium

RE: Greenfield of Perkiomen Valley 300 Perkiomen Ave. Schwenksville, PA 19473
Greenfield of Perkiomen Valley, LLC is a Named Insured

CWC Capital Asset Management LLC & Affiliates are additional insured(s) on the General Liability Policy and Co-Defendant(s) on the Professional Liability Policy

CERTIFICATE HOLDER**CANCELLATION**CWC Capital Asset Management LLC & Affiliates,
7501 Wisconsin Ave.,
Bethesda MD 20815

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Pollution Legal Liability (including mold matter coverage)

Policy Term: 12/15/2023 – 12/15/2025

Company: Great American E & S Insurance Company

Limit: \$1,000,000 Each Pollution Condition / \$35,000,000 Aggregate Limit

Self-Insured Retention: \$25,000 Each Pollution Condition 3 day wait on business interruption, each pollution condition

EXHIBIT 4



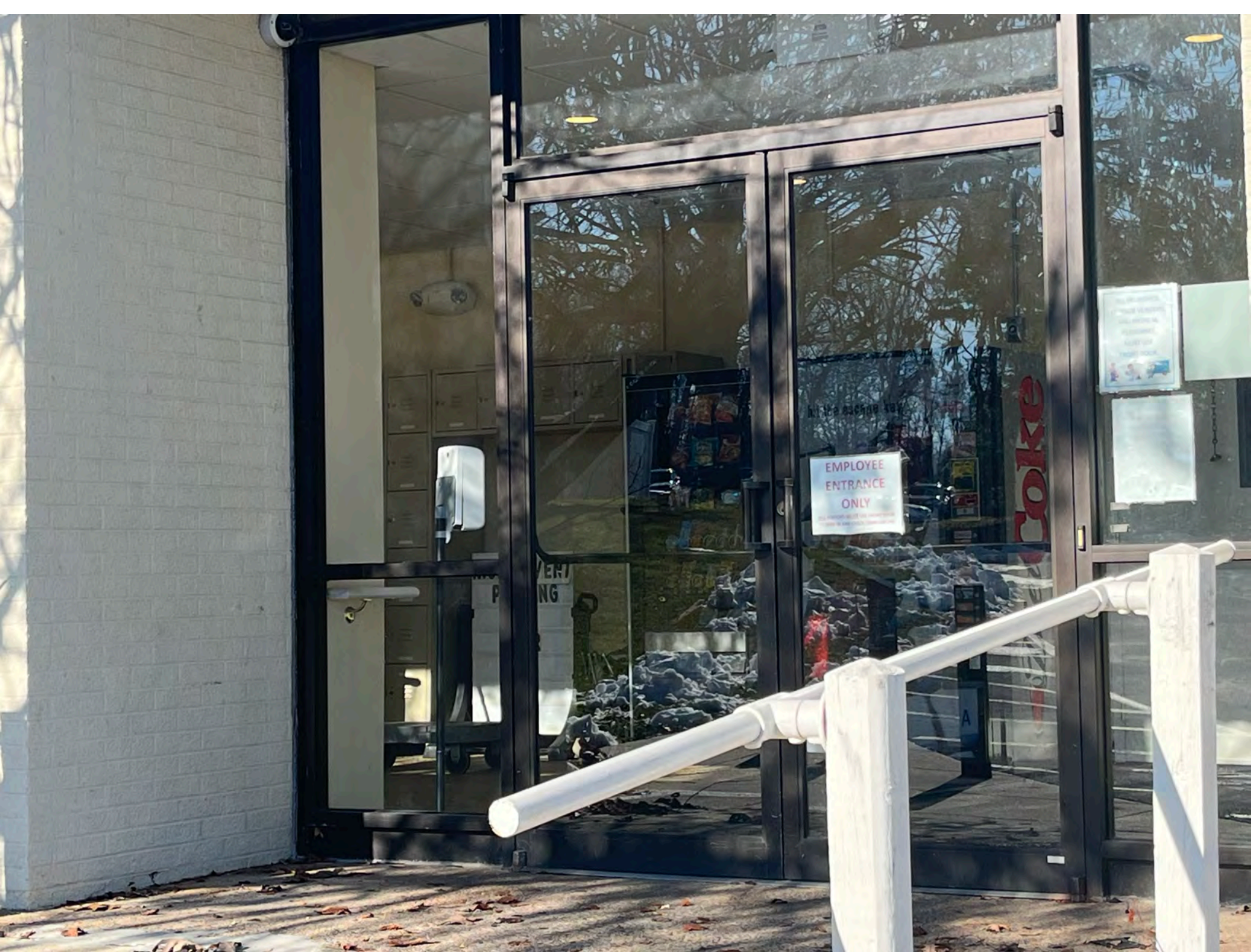












EMPLOYEE
ENTRANCE
ONLY

THE UNIVERSITY
OF MICHIGAN
LIBRARY
SERVICES
DEPARTMENT

LIBRARY
SERVICES
DEPARTMENT

PARKING

COKE



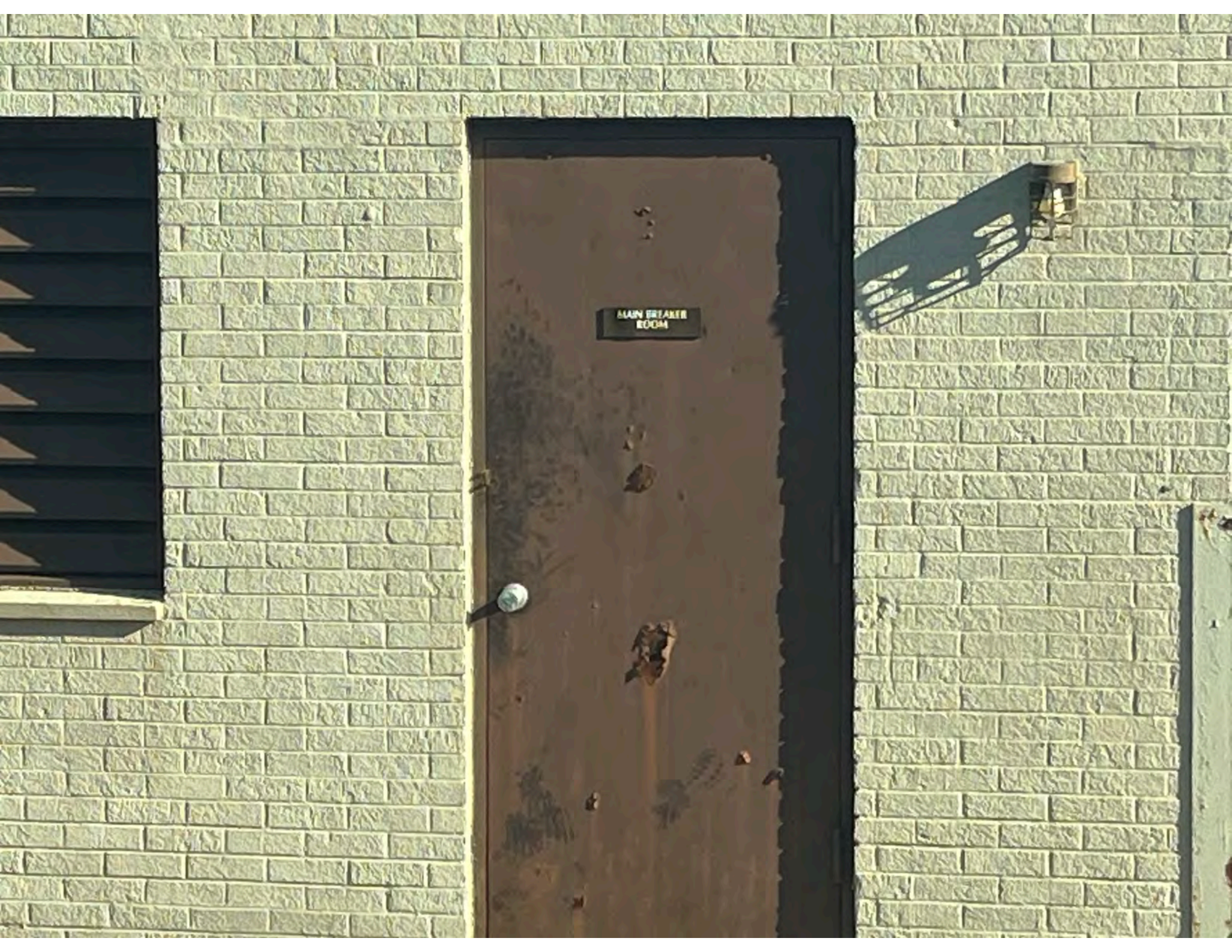












MAIN BREAKER
ROOM









END ALZ

Support Our Alzheimer's
Team by donating your
Friday Dress Down dollars.
Donation box is located in the
business office

Thank you for all your support!



**WHAT CONSTITUTES
EMERGENT AFTER
HOURS CALLS TO HCC
AND ED.**

1. ACTIVE SHOOTER
2. DEATH
3. COMMUNITY ON FIRE
4. POLICE NOTIFICATIONS
5. MEDICINAL
INDISCREPANCIES

Lunches at Greenfield Senior Living

**EVERYONE MUST TAKE A 30 MINUTE LUNCH BREAK
WHEN WORKING AN 8 HOUR SHIFT!!**

**REMEMBERING TO CLOCK OUT AND IN AT THE TIME
CLOCK**

THANK YOU

ALL EMPLOYEES.....

Do Not clock in more than 7 minutes
before your start of shift time, unless
asked to come in early.

Please down load the App for Gusto on
your phone ASAP for your clock ins and
outs including breaks.

Thank you

Janua

Jessica Stat

Amanda Joh

Nicole Osias

GR

MAN

TOW

ME

(STAFF

THURSDAY

2:

in the D

Require

PLEASE SIGN IN AND OUT FOR THE DAY AND
FOR BREAKS!!!!

**I'M WATCHING
YOU**

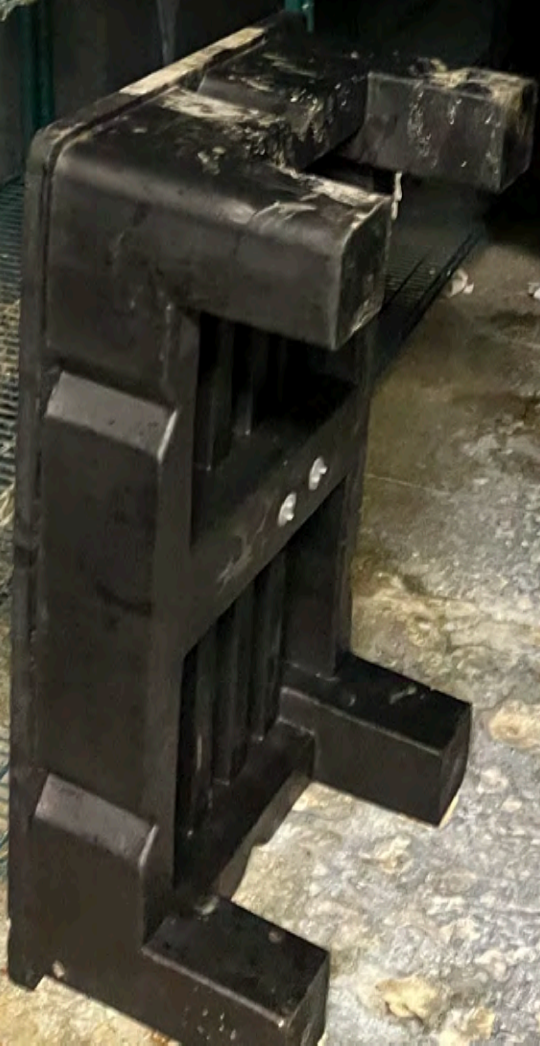




Vegetables

Fish/Seafood

Chicken





**Please put
everything back
where it belongs!
This isn't optional.**

"A place for everything,
everything in its place"

1









EXHIBIT 5

Budget Comparison

Period = Jan 2024

Book = Accrual

| | PTD Actual | PTD Budget | Variance | % Var | YTD Actual | YTD Budget | Variance | % Var | Annual |
|----------------------------------|-----------------|-------------------|--------------------|----------------|-----------------|-------------------|--------------------|----------------|---------------------|
| GROSS POTENTIAL ROOM ... | | | | | | | | | |
| Gross/Market Rent-SC | 0.00 | 144,516.00 | -144,516.00 | -100.00 | 0.00 | 144,516.00 | -144,516.00 | -100.00 | 1,734,192.00 |
| Gross/Market Rent-AL | 0.00 | 260,570.00 | -260,570.00 | -100.00 | 0.00 | 260,570.00 | -260,570.00 | -100.00 | 3,126,840.00 |
| TOTAL GROSS POTENTIAL... | 0.00 | 405,086.00 | -405,086.00 | -100.00 | 0.00 | 405,086.00 | -405,086.00 | -100.00 | 4,861,032.00 |
| NET GROSS POTENTIAL RENT | 0.00 | 405,086.00 | -405,086.00 | -100.00 | 0.00 | 405,086.00 | -405,086.00 | -100.00 | 4,861,032.00 |
| NET ROOM & BOARD REVENUE | 0.00 | 405,086.00 | -405,086.00 | -100.00 | 0.00 | 405,086.00 | -405,086.00 | -100.00 | 4,861,032.00 |
| TOTAL REVENUE | 0.00 | 405,086.00 | -405,086.00 | -100.00 | 0.00 | 405,086.00 | -405,086.00 | -100.00 | 4,861,032.00 |
| EXPENSES | | | | | | | | | |
| PAYROLL | | | | | | | | | |
| LPN Wages-AL | 465.84 | 465.84 | 0.00 | 0.00 | 465.84 | 465.84 | 0.00 | 0.00 | 465.84 |
| Temporary Nursing Staff | 544.32 | 544.32 | 0.00 | 0.00 | 544.32 | 544.32 | 0.00 | 0.00 | 544.32 |
| Payroll Tax | 116.46 | 116.46 | 0.00 | 0.00 | 116.46 | 116.46 | 0.00 | 0.00 | 116.46 |
| TOTAL PAYROLL | 1,126.62 | 1,126.62 | 0.00 | 0.00 | 1,126.62 | 1,126.62 | 0.00 | 0.00 | 1,126.62 |
| EMPLOYEE BENEFITS | | | | | | | | | |
| Employee Hiring | 1,781.31 | 1,781.31 | 0.00 | 0.00 | 1,781.31 | 1,781.31 | 0.00 | 0.00 | 1,781.31 |
| Employee Awards-Administration | 210.07 | 210.07 | 0.00 | 0.00 | 210.07 | 210.07 | 0.00 | 0.00 | 210.07 |
| TOTAL EMPLOYEE BENEFITS | 1,991.38 | 1,991.38 | 0.00 | 0.00 | 1,991.38 | 1,991.38 | 0.00 | 0.00 | 1,991.38 |
| TOTAL PAYROLL | 3,118.00 | 3,118.00 | 0.00 | 0.00 | 3,118.00 | 3,118.00 | 0.00 | 0.00 | 3,118.00 |
| ADMINISTRATIVE | | | | | | | | | |
| Travel Expense | 8,097.05 | 8,097.05 | 0.00 | 0.00 | 8,097.05 | 8,097.05 | 0.00 | 0.00 | 8,097.05 |
| Supplies-Administration | 1,372.06 | 1,372.06 | 0.00 | 0.00 | 1,372.06 | 1,372.06 | 0.00 | 0.00 | 1,372.06 |
| Supplies-ResidentCare | 712.22 | 712.22 | 0.00 | 0.00 | 712.22 | 712.22 | 0.00 | 0.00 | 712.22 |
| Legal Fees | 1,994.00 | 1,994.00 | 0.00 | 0.00 | 1,994.00 | 1,994.00 | 0.00 | 0.00 | 1,994.00 |
| Software | 19,842.01 | 19,842.01 | 0.00 | 0.00 | 19,842.01 | 19,842.01 | 0.00 | 0.00 | 19,842.01 |
| Postage/Overnight-Administration | 49.76 | 49.76 | 0.00 | 0.00 | 49.76 | 49.76 | 0.00 | 0.00 | 49.76 |
| TOTAL ADMIN | 32,067.10 | 32,067.10 | 0.00 | 0.00 | 32,067.10 | 32,067.10 | 0.00 | 0.00 | 32,067.10 |

Budget Comparison

Period = Jan 2024

Book = Accrual

| | PTD Actual | PTD Budget | Variance | % Var | YTD Actual | YTD Budget | Variance | % Var | Annual |
|----------------------------------|------------|------------|-------------|---------|------------|------------|-------------|---------|--------------|
| REPAIRS & MAINTENANCE | | | | | | | | | |
| Supplies-Housekeeping | 136.30 | 136.30 | 0.00 | 0.00 | 136.30 | 136.30 | 0.00 | 0.00 | 136.30 |
| TOTAL R & M | 136.30 | 136.30 | 0.00 | 0.00 | 136.30 | 136.30 | 0.00 | 0.00 | 136.30 |
| ACTIVITIES | | | | | | | | | |
| Bar Expense | 0.00 | 40.00 | 40.00 | 100.00 | 0.00 | 40.00 | 40.00 | 100.00 | 480.00 |
| Supplies-Activities | 112.09 | 112.09 | 0.00 | 0.00 | 112.09 | 112.09 | 0.00 | 0.00 | 112.09 |
| TOTAL ACTIVITIES | 112.09 | 152.09 | 40.00 | 26.30 | 112.09 | 152.09 | 40.00 | 26.30 | 592.09 |
| CONTRACT SERVICES | | | | | | | | | |
| Dietary/Kitchen | 29,280.70 | 29,280.70 | 0.00 | 0.00 | 29,280.70 | 29,280.70 | 0.00 | 0.00 | 29,280.70 |
| Contract Services-Barbaran... | 76.00 | 76.00 | 0.00 | 0.00 | 76.00 | 76.00 | 0.00 | 0.00 | 76.00 |
| Administration | 56.07 | 56.07 | 0.00 | 0.00 | 56.07 | 56.07 | 0.00 | 0.00 | 56.07 |
| IT | 2,264.04 | 2,264.04 | 0.00 | 0.00 | 2,264.04 | 2,264.04 | 0.00 | 0.00 | 2,264.04 |
| TOTAL CONTRACT SERVICES | 31,676.81 | 31,676.81 | 0.00 | 0.00 | 31,676.81 | 31,676.81 | 0.00 | 0.00 | 31,676.81 |
| UTILITIES | | | | | | | | | |
| Water & Sewer | 15,359.76 | 15,359.76 | 0.00 | 0.00 | 15,359.76 | 15,359.76 | 0.00 | 0.00 | 15,359.76 |
| TOTAL UTILITIES | 15,359.76 | 15,359.76 | 0.00 | 0.00 | 15,359.76 | 15,359.76 | 0.00 | 0.00 | 15,359.76 |
| TOTAL EXPENSES | 82,470.06 | 82,510.06 | 40.00 | 0.05 | 82,470.06 | 82,510.06 | 40.00 | 0.05 | 82,950.06 |
| NET OPERATING INCOME | -82,470.06 | 322,575.94 | -405,046.00 | -125.57 | -82,470.06 | 322,575.94 | -405,046.00 | -125.57 | 4,778,081.94 |
| PRVS MGMT EXPENSE | | | | | | | | | |
| Previous Mgmt Expense | 725.36 | 725.36 | 0.00 | 0.00 | 725.36 | 725.36 | 0.00 | 0.00 | 725.36 |
| TOTAL PRVS MGMT | 725.36 | 725.36 | 0.00 | 0.00 | 725.36 | 725.36 | 0.00 | 0.00 | 725.36 |
| NET INCOME | -83,195.42 | 321,850.58 | -405,046.00 | -125.85 | -83,195.42 | 321,850.58 | -405,046.00 | -125.85 | 4,777,356.58 |

Balance Sheet

Period = Jan 2024

Book = Accrual

| | Current Balance |
|---|-----------------|
| CASHANDCASHEQUIVALENTS | |
| Cash-Operating | 5,011.88 |
| TOTAL CASHANDCASHEQUIVALENTS | 5,011.88 |
| | |
| ACCOUNTSRECEIVABLE | |
| AccountsReceivable | -21,048.00 |
| TOTAL ACCOUNTSRECEIVABLE | -21,048.00 |
| | |
| TOTAL CURRENT ASSETS | -16,036.12 |
| TOTAL ASSETS | -16,036.12 |
| | |
| LIABILITIES & STOCKHOLDERS EQUITY | |
| LIABILITIES | |
| ACCOUNTSPAYABLE | |
| AccountsPayable-Trade | 67,110.30 |
| TOTAL ACCOUNTSPAYABLE | 67,110.30 |
| | |
| ACCRUEDEXPENSES | |
| ResidentPrepaidRent | 49.00 |
| TOTAL ACCRUEDEXPENSES | 49.00 |
| | |
| TOTAL LIABILITIES | 67,159.30 |
| | |
| STOCKHOLDERSEQUITY | |
| | |
| RETAINEDEARNINGS | |
| RetainedEarnings-Current | -83,195.42 |
| TOTAL RETAINEDEARNINGS | -83,195.42 |
| | |
| TOTAL LIABILITIES & STOCKHOLDERS EQUITY | -16,036.12 |

General Ledger

For the Period of 01/2024 Through 01/2024

Books = Accrual

| Property | Post Month | Tran Date | Ctrl | Reference | Payee/Description | Debit | Credit | Balance | Note/Remarks |
|------------------------------|------------|------------|----------|------------|--|-----------|----------|-----------------|---|
| Cash-Operating | | | | | 1117-0-00-000 | | | | |
| pvrec | 1/2024 | 1/24/2024 | R-152112 | 116 | | 3,079 | | 3,079 | |
| pvrec | 1/2024 | 1/24/2024 | R-152112 | 116 | | 16 | | 3,095 | |
| pvrec | 1/2024 | 1/24/2024 | R-152112 | 116 | | 1,105 | | 4,200 | |
| pvrec | 1/2024 | 1/24/2024 | R-152110 | 198 | | 4,683 | | 8,883 | |
| pvrec | 1/2024 | 1/24/2024 | R-152110 | 198 | | 1,452.67 | | 10,335.67 | |
| pvrec | 1/2024 | 1/24/2024 | R-152111 | 2026 | | 1,072.33 | | 11,408 | |
| pvrec | 1/2024 | 1/24/2024 | R-152111 | 2026 | | 33 | | 11,441 | |
| pvrec | 1/2024 | 1/24/2024 | R-152109 | 364 | | 1,866 | | 13,307 | |
| pvrec | 1/2024 | 1/24/2024 | R-152109 | 364 | | 605 | | 13,912 | |
| pvrec | 1/2024 | 1/24/2024 | R-152108 | 4442 | | 605 | | 14,517 | |
| pvrec | 1/2024 | 1/24/2024 | R-152108 | 4442 | | 3,330 | | 17,847 | |
| pvrec | 1/2024 | 1/24/2024 | R-152107 | 5671 | | 2,145 | | 19,992 | |
| pvrec | 1/2024 | 1/24/2024 | R-152107 | 5671 | | 1,105 | | 21,097 | |
| pvrec | 1/2024 | 1/30/2024 | K-149593 | 1000 | Schwenksville Borough Authority (sbauth) | 14,601.78 | | 6,495.22 | acct #1826 |
| pvrec | 1/2024 | 1/30/2024 | K-149594 | 1000 | Schwenksville Borough Authority (sbauth) | | 757.98 | 5,737.24 | Acct #1827 |
| pvrec | 1/2024 | 1/30/2024 | K-149594 | 1000 | Schwenksville Borough Authority (sbauth) | | 725.36 | 5,011.88 | Acct #1827 past due |
| Net Change= 5,011.88 | | | | | | | | 5,011.88 | = Ending Balance = |
| AccountsReceivable | | | | | 1210-0-00-000 | | | | |
| pvrec | 1/2024 | 1/24/2024 | R-152112 | 116 | | | 3,079 | -3,079 | |
| pvrec | 1/2024 | 1/24/2024 | R-152112 | 116 | | | 1,105 | -4,184 | |
| pvrec | 1/2024 | 1/24/2024 | R-152110 | 198 | | | 4,683 | -8,867 | |
| pvrec | 1/2024 | 1/24/2024 | R-152110 | 198 | | | 1,452.67 | -10,319.67 | |
| pvrec | 1/2024 | 1/24/2024 | R-152111 | 2026 | | | 1,072.33 | -11,392 | |
| pvrec | 1/2024 | 1/24/2024 | R-152109 | 364 | | | 605 | -11,997 | |
| pvrec | 1/2024 | 1/24/2024 | R-152109 | 364 | | | 1,866 | -13,863 | |
| pvrec | 1/2024 | 1/24/2024 | R-152108 | 4442 | | | 3,330 | -17,193 | |
| pvrec | 1/2024 | 1/24/2024 | R-152108 | 4442 | | | 605 | -17,798 | |
| pvrec | 1/2024 | 1/24/2024 | R-152107 | 5671 | | | 1,105 | -18,903 | |
| pvrec | 1/2024 | 1/24/2024 | R-152107 | 5671 | | | 2,145 | -21,048 | |
| Net Change= -21,048 | | | | | | | | -21,048 | = Ending Balance = |
| AccountsPayable-Trade | | | | | 2010-0-00-000 | | | | |
| pvrec | 1/2024 | 9/15/2023 | P-149623 | 22889 | BLACKWELL, BLACKBURN & SINGER, LLP (bbs) | | 1,994 | -1,994 | legal fees |
| pvrec | 1/2024 | 12/29/2023 | P-149385 | 831666 | US Foods Inc (ds_usf) | | 199.13 | -2,193.13 | dishwasher soap, cleaner, paper towels, napkins |
| pvrec | 1/2024 | 1/1/2024 | P-149593 | 1826 01/24 | Schwenksville Borough Authority (sbauth) | 14,601.78 | | -16,794.91 | acct #1826 |
| pvrec | 1/2024 | 1/1/2024 | P-149594 | 1827 01/24 | Schwenksville Borough Authority (sbauth) | | 757.98 | -17,552.89 | Acct #1827 |

General Ledger

For the Period of 01/2024 Through 01/2024

Books = Accrual

| Property | Post Month | Tran Date | Ctrl | Reference | Payee/Description | Debit | Credit | Balance | Note/Remarks |
|-----------------------|------------|-----------|---------------|------------------------------|---|-----------|-----------|------------|--|
| AccountsPayable-Trade | | | 2010-0-00-000 | | | | | | |
| pvrec | 1/2024 | 1/1/2024 | P-149594 | 1827 01/24 | Schwenksville Borough Authority (sbauth) | | 725.36 | -18,278.25 | Acct #1827 past due |
| pvrec | 1/2024 | 1/5/2024 | P-149386 | 1039746 | US Foods Inc (ds_usf) | | 58.39 | -18,336.64 | PLATE, MLD FBR 6 ROUND NAT |
| pvrec | 1/2024 | 1/5/2024 | P-150603 | 1039746-150603 | US Foods Inc (ds_usf) | 58.39 | | -18,278.25 | PLATE, MLD FBR 6 ROUND NAT |
| pvrec | 1/2024 | 1/5/2024 | P-149387 | 1039747 | US Foods Inc (ds_usf) | | 42.48 | -18,320.73 | GLOVE, BINMYL MED LG NTRL AMBDX |
| pvrec | 1/2024 | 1/9/2024 | P-149388 | 1140434 | US Foods Inc (ds_usf) | | 70.05 | -18,390.78 | MILK, WHITE BREAD, HAMBURGER BUNS |
| pvrec | 1/2024 | 1/11/2024 | P-149144 | 1020 PV | DDS Hospitality LLC (dds) | | 28,448.7 | -46,839.48 | full service \$19.95 x 62 x 23 |
| pvrec | 1/2024 | 1/11/2024 | P-150861 | 1020 PV | DDS Hospitality LLC (dds) | | 28,448.7 | -75,288.18 | full service \$19.95 x 62 x 23 |
| pvrec | 1/2024 | 1/11/2024 | P-149143 | 1024 | DDS Hospitality LLC (dds) | | 832 | -76,120.18 | full service |
| pvrec | 1/2024 | 1/14/2024 | P-149592 | 2274 | Sirius Office Solutions (sirius) | | 2,264.04 | -78,384.22 | fully managed it services, managed network, office 365 business premium 1 year |
| pvrec | 1/2024 | 1/14/2024 | P-149141 | 4348671 | YARDI SYSTEMS, INC. (yardi) | | 19,842.01 | -98,226.23 | 93 Units - Yardi Voyager, Rent Cafe, EHR, CRM |
| pvrec | 1/2024 | 1/15/2024 | P-150609 | 1020 PV-150609 | DDS Hospitality LLC (dds) | 28,448.7 | | -69,777.53 | full service \$19.95 x 62 x 23 |
| pvrec | 1/2024 | 1/16/2024 | P-149389 | 1404768 | US Foods Inc (ds_usf) | | 9.51 | -69,787.04 | TEST STRIP, CHL PAPR 10 |
| pvrec | 1/2024 | 1/17/2024 | P-150867 | 1/17/24 | Sandra Jakobys Beauty Salon (sharter) | | 33 | -69,820.04 | 01/17/24 |
| pvrec | 1/2024 | 1/17/2024 | P-151041 | Reimb. | Janelle Adams (jadams) | | 49.76 | -69,869.8 | Reimbursement for stamps |
| pvrec | 1/2024 | 1/19/2024 | P-149608 | 016418 | Nursing Care Services, Inc. (nursingcare) | | 544.32 | -70,414.12 | 01/08 Temp Nursing |
| pvrec | 1/2024 | 1/19/2024 | P-149390 | 1495151 | US Foods Inc (ds_usf) | | 81.88 | -70,496 | disposable spoons, knives, forks 1 dz ea |
| pvrec | 1/2024 | 1/22/2024 | P-150604 | 1039747-150604 | US Foods Inc (ds_usf) | 42.48 | | -70,453.52 | GLOVE, BINMYL MED LG NTRL AMBDX |
| pvrec | 1/2024 | 1/22/2024 | P-150605 | 1140434-150605 | US Foods Inc (ds_usf) | 70.05 | | -70,383.47 | MILK, WHITE BREAD, HAMBURGER BUNS |
| pvrec | 1/2024 | 1/22/2024 | P-150607 | 1404768-150607 | US Foods Inc (ds_usf) | 9.51 | | -70,373.96 | TEST STRIP, CHL PAPR 10 |
| pvrec | 1/2024 | 1/22/2024 | P-150606 | 1495151-150606 | US Foods Inc (ds_usf) | 81.88 | | -70,292.08 | disposable spoons, knives, forks 1 dz ea |
| pvrec | 1/2024 | 1/22/2024 | P-150608 | 831666-150608 | US Foods Inc (ds_usf) | 199.13 | | -70,092.95 | dishwasher soap, cleaner, paper towels, napkins |
| pvrec | 1/2024 | 1/23/2024 | P-149801 | GRACEHILL INV#: SI-293487 PV | TARANTINO PROPERTIES PAYROLL (tpp) | | 71.61 | -70,164.56 | web based policies and procedures |
| pvrec | 1/2024 | 1/24/2024 | P-150868 | 01/24/24 | Sandra Jakobys Beauty Salon (sharter) | | 43 | -70,207.56 | 01/24/24- Sharon Bernardyn |
| pvrec | 1/2024 | 1/25/2024 | P-150870 | 516357865 | Occupational Health Centers of the Southwest (pa_occup) | | 144 | -70,351.56 | pre employment screening |
| pvrec | 1/2024 | 1/26/2024 | P-150869 | 516357376 | Occupational Health Centers of the Southwest (pa_occup) | | 144 | -70,495.56 | pre employment screening |
| pvrec | 1/2024 | 1/29/2024 | P-150243 | 17348 PVREC | PROFESSIONAL DATAFORMS (pdf) | | 16.55 | -70,512.11 | laser checks |
| pvrec | 1/2024 | 1/30/2024 | K-149593 | 1000 | Schwenksville Borough Authority (sbauth) | 14,601.78 | | -55,910.33 | acct #1826 |

General Ledger

For the Period of 01/2024 Through 01/2024

Books = Accrual

| Property | Post Month | Tran Date | Ctrl | Reference | Payee/Description | Debit | Credit | Balance | Note/Remarks |
|------------------------------|------------|-----------|----------------------|----------------------|--|--------|----------|------------------|-----------------------------------|
| AccountsPayable-Trade | | | 2010-0-00-000 | | | | | | |
| pvrec | 1/2024 | 1/30/2024 | K-149594 | 1000 | Schwenksville Borough Authority (sbauth) | 757.98 | | -55,152.35 | Acct #1827 |
| pvrec | 1/2024 | 1/30/2024 | K-149594 | 1000 | Schwenksville Borough Authority (sbauth) | 725.36 | | -54,426.99 | Acct #1827 past due |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | | 647.48 | -55,074.47 | admin supplies |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | | 264.2 | -55,338.67 | care supplies- amazon |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | | 112.09 | -55,450.76 | activity supplies-amazon |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | | 136.3 | -55,587.06 | cleaning supplies |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | | 120 | -55,707.06 | Regional of care travel |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | | 1,055.29 | -56,762.35 | Dir of SL travel |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | | 1,189.85 | -57,952.2 | VP of Ops travel |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | | 996.92 | -58,949.12 | Regional of Sales travel |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | | 56.07 | -59,005.19 | zoom/dropbox |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | | 178.03 | -59,183.22 | office supplies |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | | 1,405.31 | -60,588.53 | indeed |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | | 88 | -60,676.53 | indeed/ background checks |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | | 210.07 | -60,886.6 | employee app. |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | | 269.99 | -61,156.59 | care supplies |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | | 636.42 | -61,793.01 | admin supplies |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | | 2,566.62 | -64,359.63 | take over travel flights/hotel |
| pvrec | 1/2024 | 1/31/2024 | P-150714 | 01/24 Chase #7228 | CARDMEMBER SERVICES (chbk) | | 2,168.37 | -66,528 | take over flights |
| pvrec | 1/2024 | 1/31/2024 | P-150721 | 01/24 Payroll Reimb. | CAMBRIDGE GARDENS (cg) | | 59.39 | -66,587.39 | Payroll Tax- Letendre, Jessica E. |
| pvrec | 1/2024 | 1/31/2024 | P-150721 | 01/24 Payroll Reimb. | CAMBRIDGE GARDENS (cg) | | 232.92 | -66,820.31 | Letendre, Jessica E. |
| pvrec | 1/2024 | 1/31/2024 | P-150730 | 01/24 Payroll Reimb. | THE POINTE AT KIRBY GATE (pkg) | | 232.92 | -67,053.23 | Letendre, Jessica E. |
| pvrec | 1/2024 | 1/31/2024 | P-150730 | 01/24 Payroll Reimb. | THE POINTE AT KIRBY GATE (pkg) | | 57.07 | -67,110.3 | Payroll Tax- Letendre, Jessica E. |
| Net Change= -67,110.3 | | | | | | | | -67,110.3 | = Ending Balance = |
| ResidentPrepaidRent | | | 2165-0-00-000 | | | | | | |
| pvrec | 1/2024 | 1/24/2024 | R-152112 | 116 | | | 16 | -16 | |
| pvrec | 1/2024 | 1/24/2024 | R-152111 | 2026 | | | 33 | -49 | |
| Net Change= -49 | | | | | | | | -49 | = Ending Balance = |

General Ledger

For the Period of 01/2024 Through 01/2024

Books = Accrual

| Property | Post Month | Tran Date | Ctrl | Reference | Payee/Description | Debit | Credit | Balance | Note/Remarks |
|---------------------------------------|------------|------------|----------------------|----------------------|---|----------|--------|-----------------|---|
| LPN Wages-AL | | | 5035-4-02-000 | | | | | | |
| pvrec | 1/2024 | 1/31/2024 | P-150721 | 01/24 Payroll Reimb. | CAMBRIDGE GARDENS (cg) | 232.92 | | 232.92 | Letendre, Jessica E. |
| pvrec | 1/2024 | 1/31/2024 | P-150730 | 01/24 Payroll Reimb. | THE POINTE AT KIRBY GATE (pkg) | 232.92 | | 465.84 | Letendre, Jessica E. |
| Net Change= 465.84 | | | | | | | | 465.84 | = Ending Balance = |
| Temporary Nursing Staff | | | 5135-9-90-000 | | | | | | |
| pvrec | 1/2024 | 1/19/2024 | P-149608 | 016418 | Nursing Care Services, Inc. (nursingcare) | 544.32 | | 544.32 | 01/08 Temp Nursing |
| Net Change= 544.32 | | | | | | | | 544.32 | = Ending Balance = |
| Payroll Tax | | | 5210-3-07-000 | | | | | | |
| pvrec | 1/2024 | 1/31/2024 | P-150721 | 01/24 Payroll Reimb. | CAMBRIDGE GARDENS (cg) | 59.39 | | 59.39 | Payroll Tax- Letendre, Jessica E. |
| pvrec | 1/2024 | 1/31/2024 | P-150730 | 01/24 Payroll Reimb. | THE POINTE AT KIRBY GATE (pkg) | 57.07 | | 116.46 | Payroll Tax- Letendre, Jessica E. |
| Net Change= 116.46 | | | | | | | | 116.46 | = Ending Balance = |
| Employee Hiring | | | 5255-3-50-000 | | | | | | |
| pvrec | 1/2024 | 1/25/2024 | P-150870 | 516357865 | Occupational Health Centers of the Southwest (pa_occup) | 144 | | 144 | pre employment screening |
| pvrec | 1/2024 | 1/26/2024 | P-150869 | 516357376 | Occupational Health Centers of the Southwest (pa_occup) | 144 | | 288 | pre employment screening |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | 1,405.31 | | 1,693.31 | indeed |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | 88 | | 1,781.31 | indeed/ background checks |
| Net Change= 1,781.31 | | | | | | | | 1,781.31 | = Ending Balance = |
| Employee Awards-Administration | | | 5270-3-50-000 | | | | | | |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | 210.07 | | 210.07 | employee app. |
| Net Change= 210.07 | | | | | | | | 210.07 | = Ending Balance = |
| Supplies-DietaryKitchen | | | 5425-3-32-000 | | | | | | |
| pvrec | 1/2024 | 12/29/2023 | P-149385 | 831666 | US Foods Inc (ds_usf) | 199.13 | | 199.13 | dishwasher soap, cleaner, paper towels, napkins |
| pvrec | 1/2024 | 1/5/2024 | P-149387 | 1039747 | US Foods Inc (ds_usf) | 42.48 | | 241.61 | GLOVE, BINMYL MED LG NTRL AMBDX |
| pvrec | 1/2024 | 1/16/2024 | P-149389 | 1404768 | US Foods Inc (ds_usf) | 9.51 | | 251.12 | TEST STRIP, CHL PAPR 10 |
| pvrec | 1/2024 | 1/22/2024 | P-150604 | 1039747-150604 | US Foods Inc (ds_usf) | | 42.48 | 208.64 | GLOVE, BINMYL MED LG NTRL AMBDX |
| pvrec | 1/2024 | 1/22/2024 | P-150607 | 1404768-150607 | US Foods Inc (ds_usf) | | 9.51 | 199.13 | TEST STRIP, CHL PAPR 10 |
| pvrec | 1/2024 | 1/22/2024 | P-150608 | 831666-150608 | US Foods Inc (ds_usf) | | 199.13 | | dishwasher soap, cleaner, paper towels, napkins |
| Net Change= | | | | | | | | | = Ending Balance = |
| Supplies-DietaryDining | | | 5425-3-33-000 | | | | | | |
| pvrec | 1/2024 | 1/5/2024 | P-149386 | 1039746 | US Foods Inc (ds_usf) | 58.39 | | 58.39 | PLATE, MLD FBR 6 ROUND NAT |
| pvrec | 1/2024 | 1/5/2024 | P-150603 | 1039746-150603 | US Foods Inc (ds_usf) | | 58.39 | | PLATE, MLD FBR 6 ROUND NAT |
| pvrec | 1/2024 | 1/19/2024 | P-149390 | 1495151 | US Foods Inc (ds_usf) | 81.88 | | 81.88 | disposable spoons, knives, forks 1 dz ea |
| pvrec | 1/2024 | 1/22/2024 | P-150606 | 1495151-150606 | US Foods Inc (ds_usf) | | 81.88 | | disposable spoons, knives, forks 1 dz ea |
| Net Change= | | | | | | | | | = Ending Balance = |

General Ledger

For the Period of 01/2024 Through 01/2024

Books = Accrual

| Property | Post Month | Tran Date | Ctrl | Reference | Payee/Description | Debit | Credit | Balance | Note/Remarks |
|---|------------|-----------|----------|------------------------------|--|-----------|--------|------------------|---|
| Raw Food | | | | | 5520-3-32-000 | | | | |
| pvrec | 1/2024 | 1/9/2024 | P-149388 | 1140434 | US Foods Inc (ds_usf) | 70.05 | | 70.05 | MILK, WHITE BREAD, HAMBURGER BUNS |
| pvrec | 1/2024 | 1/22/2024 | P-150605 | 1140434-150605 | US Foods Inc (ds_usf) | | 70.05 | | MILK, WHITE BREAD, HAMBURGER BUNS |
| | | | | | Net Change= | | | | = Ending Balance = |
| Travel Expense | | | | | 5650-4-02-000 | | | | |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | 120 | | 120 | Regional of care travel |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | 1,055.29 | | 1,175.29 | Dir of SL travel |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | 1,189.85 | | 2,365.14 | VP of Ops travel |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | 996.92 | | 3,362.06 | Regional of Sales travel |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | 2,566.62 | | 5,928.68 | take over travel flights/hotel |
| pvrec | 1/2024 | 1/31/2024 | P-150714 | 01/24 Chase #7228 | CARDMEMBER SERVICES (chbk) | 2,168.37 | | 8,097.05 | take over flights |
| | | | | | Net Change= 8,097.05 | | | 8,097.05 | = Ending Balance = |
| Supplies-Administration | | | | | 5713-3-50-000 | | | | |
| pvrec | 1/2024 | 1/23/2024 | P-149801 | GRACEHILL INV#: SI-293487 PV | TARANTINO PROPERTIES PAYROLL (tpp) | 71.61 | | 71.61 | web based policies and procedures |
| pvrec | 1/2024 | 1/29/2024 | P-150243 | 17348 PVREC | PROFESSIONAL DATAFORMS (pdf) | 16.55 | | 88.16 | laser checks |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | 647.48 | | 735.64 | admin supplies |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | 636.42 | | 1,372.06 | admin supplies |
| | | | | | Net Change= 1,372.06 | | | 1,372.06 | = Ending Balance = |
| Supplies-ResidentCare | | | | | 5714-3-50-000 | | | | |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | 264.2 | | 264.2 | care supplies- amazon |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | 178.03 | | 442.23 | office supplies |
| pvrec | 1/2024 | 1/31/2024 | P-150616 | 01/24 BOA #7961 | BANK OF AMERICA (boa) | 269.99 | | 712.22 | care supplies |
| | | | | | Net Change= 712.22 | | | 712.22 | = Ending Balance = |
| Legal Fees | | | | | 5720-3-50-000 | | | | |
| pvrec | 1/2024 | 9/15/2023 | P-149623 | 22889 | BLACKWELL, BLACKBURN & SINGER, LLP (bbs) | 1,994 | | 1,994 | legal fees |
| | | | | | Net Change= 1,994 | | | 1,994 | = Ending Balance = |
| Software | | | | | 5755-3-50-000 | | | | |
| pvrec | 1/2024 | 1/14/2024 | P-149141 | 4348671 | YARDI SYSTEMS, INC. (yardi) | 19,842.01 | | 19,842.01 | 93 Units - Yardi Voyager, Rent Cafe, EHR, CRM |
| | | | | | Net Change= 19,842.01 | | | 19,842.01 | = Ending Balance = |
| Postage/Overnight-Administration | | | | | 5775-3-50-000 | | | | |
| pvrec | 1/2024 | 1/17/2024 | P-151041 | Reimb. | Janelle Adams (jadams) | 49.76 | | 49.76 | Reimbursement for stamps |
| | | | | | Net Change= 49.76 | | | 49.76 | = Ending Balance = |
| Supplies-Housekeeping | | | | | 5826-3-10-000 | | | | |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | 136.3 | | 136.3 | cleaning supplies |
| | | | | | Net Change= 136.3 | | | 136.3 | = Ending Balance = |

General Ledger

For the Period of 01/2024 Through 01/2024

Books = Accrual

| Property | Post Month | Tran Date | Ctrl | Reference | Payee/Description | Debit | Credit | Balance | Note/Remarks |
|--|------------|-----------|----------------------|-----------------|--|-------------------|-------------------|------------------|--|
| Supplies-Activities | | | 5895-2-05-000 | | | | | | |
| pvrec | 1/2024 | 1/31/2024 | P-150614 | 01/24 BOA #6359 | BANK OF AMERICA (boa) | 112.09 | | 112.09 | activity supplies-amazon |
| | | | | | Net Change= 112.09 | | | 112.09 | = Ending Balance = |
| DietaryKitchen | | | 5990-3-32-000 | | | | | | |
| pvrec | 1/2024 | 1/11/2024 | P-149144 | 1020 PV | DDS Hospitality LLC (dds) | 28,448.7 | | 28,448.7 | full service \$19.95 x 62 x 23 |
| pvrec | 1/2024 | 1/11/2024 | P-150861 | 1020 PV | DDS Hospitality LLC (dds) | 28,448.7 | | 56,897.4 | full service \$19.95 x 62 x 23 |
| pvrec | 1/2024 | 1/11/2024 | P-149143 | 1024 | DDS Hospitality LLC (dds) | 832 | | 57,729.4 | full service |
| pvrec | 1/2024 | 1/15/2024 | P-150609 | 1020 PV-150609 | DDS Hospitality LLC (dds) | | 28,448.7 | 29,280.7 | full service \$19.95 x 62 x 23 |
| | | | | | Net Change= 29,280.7 | | | 29,280.7 | = Ending Balance = |
| Contract Services-BarberandBeauty | | | 5990-3-38-000 | | | | | | |
| pvrec | 1/2024 | 1/17/2024 | P-150867 | 1/17/24 | Sandra Jakobys Beauty Salon (sharter) | 33 | | 33 | 01/17/24 |
| pvrec | 1/2024 | 1/24/2024 | P-150868 | 01/24/24 | Sandra Jakobys Beauty Salon (sharter) | 43 | | 76 | 01/24/24- Sharon Bernardyn |
| | | | | | Net Change= 76 | | | 76 | = Ending Balance = |
| Administration | | | 5990-3-50-000 | | | | | | |
| pvrec | 1/2024 | 1/31/2024 | P-150615 | 01/24 BOA #6450 | BANK OF AMERICA (boa) | 56.07 | | 56.07 | zoom/dropbox |
| | | | | | Net Change= 56.07 | | | 56.07 | = Ending Balance = |
| IT | | | 5990-3-51-000 | | | | | | |
| pvrec | 1/2024 | 1/14/2024 | P-149592 | 2274 | Sirius Office Solutions (sirius) | 2,264.04 | | 2,264.04 | fully managed it services, managed network, office 365 business premium 1 year |
| | | | | | Net Change= 2,264.04 | | | 2,264.04 | = Ending Balance = |
| Water & Sewer | | | 6120-3-40-000 | | | | | | |
| pvrec | 1/2024 | 1/1/2024 | P-149593 | 1826 01/24 | Schwenksville Borough Authority (sbauth) | 14,601.78 | | 14,601.78 | acct #1826 |
| pvrec | 1/2024 | 1/1/2024 | P-149594 | 1827 01/24 | Schwenksville Borough Authority (sbauth) | 757.98 | | 15,359.76 | Acct #1827 |
| | | | | | Net Change= 15,359.76 | | | 15,359.76 | = Ending Balance = |
| Previous Mgmt Expense | | | 6420-0-00-000 | | | | | | |
| pvrec | 1/2024 | 1/1/2024 | P-149594 | 1827 01/24 | Schwenksville Borough Authority (sbauth) | 725.36 | | 725.36 | Acct #1827 past due |
| | | | | | Net Change= 725.36 | | | 725.36 | = Ending Balance = |
| | | | | | | 178,197.82 | 178,197.82 | | |

Payables Aging Report

pvmec

Period: 01/2024

As of : 01/31/2024

| Payee | Remittance Vendor | Payee Name | Invoice | Control | Batch Id | Property | Invoice Date | Account | Invoice # | Current | 0-30 | 31-60 | 61-90 | Over | Future | Notes |
|-----------|-------------------|------------------------------------|---------|----------|----------|----------|--------------|--|-----------------|----------|----------|-------|-------|----------|---------|--------------------------------|
| Code | | | Notes | | | | | | | Owed | Owed | Owed | Owed | 90 | Invoice | |
| bbs | | BLACKWELL, BLACKBURN & SINGER, LLP | | | | | | | | | | | | | 0.00 | |
| | | | | P-149623 | 22193 | pvmec | 09/15/2023 | 5720-3-50-000 Legal Fees | 22889 | 1,994.00 | 0.00 | 0.00 | 0.00 | 1,994.00 | 0.00 | legal fees |
| Total bbs | | | | | | | | | | 1,994.00 | 0.00 | 0.00 | 0.00 | 1,994.00 | 0.00 | |
| boa | | BANK OF AMERICA | | | | | | | | | | | | | | |
| | | | | P-150614 | 22422 | pvmec | 01/31/2024 | 5650-4-02-000 Travel Expense | 01/24 BOA #6359 | 120.00 | 120.00 | 0.00 | 0.00 | 0.00 | 0.00 | Regional of care travel |
| | | | | P-150614 | 22422 | pvmec | 01/31/2024 | 5713-3-50-000 Supplies-Administration | 01/24 BOA #6359 | 647.48 | 647.48 | 0.00 | 0.00 | 0.00 | 0.00 | admin supplies |
| | | | | P-150614 | 22422 | pvmec | 01/31/2024 | 5714-3-50-000 Supplies-ResidentCare | 01/24 BOA #6359 | 264.20 | 264.20 | 0.00 | 0.00 | 0.00 | 0.00 | care supplies- amazon |
| | | | | P-150614 | 22422 | pvmec | 01/31/2024 | 5826-3-10-000 Supplies-Housekeeping | 01/24 BOA #6359 | 136.30 | 136.30 | 0.00 | 0.00 | 0.00 | 0.00 | cleaning supplies |
| | | | | P-150614 | 22422 | pvmec | 01/31/2024 | 5895-2-05-000 Supplies-Activities | 01/24 BOA #6359 | 112.09 | 112.09 | 0.00 | 0.00 | 0.00 | 0.00 | activity supplies-amazon |
| | | | | P-150615 | 22422 | pvmec | 01/31/2024 | 5255-3-50-000 Employee Hiring | 01/24 BOA #6450 | 1,405.31 | 1,405.31 | 0.00 | 0.00 | 0.00 | 0.00 | indeed |
| | | | | P-150615 | 22422 | pvmec | 01/31/2024 | 5650-4-02-000 Travel Expense | 01/24 BOA #6450 | 1,055.29 | 1,055.29 | 0.00 | 0.00 | 0.00 | 0.00 | Dir of SL travel |
| | | | | P-150615 | 22422 | pvmec | 01/31/2024 | 5650-4-02-000 Travel Expense | 01/24 BOA #6450 | 996.92 | 996.92 | 0.00 | 0.00 | 0.00 | 0.00 | Regional of Sales travel |
| | | | | P-150615 | 22422 | pvmec | 01/31/2024 | 5650-4-02-000 Travel Expense | 01/24 BOA #6450 | 1,189.85 | 1,189.85 | 0.00 | 0.00 | 0.00 | 0.00 | VP of Ops travel |
| | | | | P-150615 | 22422 | pvmec | 01/31/2024 | 5714-3-50-000 Supplies-ResidentCare | 01/24 BOA #6450 | 178.03 | 178.03 | 0.00 | 0.00 | 0.00 | 0.00 | office supplies |
| | | | | P-150615 | 22422 | pvmec | 01/31/2024 | 5990-3-50-000 Administration | 01/24 BOA #6450 | 56.07 | 56.07 | 0.00 | 0.00 | 0.00 | 0.00 | zoom/dropbox |
| | | | | P-150616 | 22422 | pvmec | 01/31/2024 | 5255-3-50-000 Employee Hiring | 01/24 BOA #7961 | 88.00 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | indeed/ background checks |
| | | | | P-150616 | 22422 | pvmec | 01/31/2024 | 5270-3-50-000 Employee Awards-Administration | 01/24 BOA #7961 | 210.07 | 210.07 | 0.00 | 0.00 | 0.00 | 0.00 | employee app. |
| | | | | P-150616 | 22422 | pvmec | 01/31/2024 | 5650-4-02-000 Travel Expense | 01/24 BOA #7961 | 2,566.62 | 2,566.62 | 0.00 | 0.00 | 0.00 | 0.00 | take over travel flights/hotel |
| | | | | P-150616 | 22422 | pvmec | 01/31/2024 | 5713-3-50-000 Supplies-Administration | 01/24 BOA #7961 | 636.42 | 636.42 | 0.00 | 0.00 | 0.00 | 0.00 | admin supplies |
| | | | | P-150616 | 22422 | pvmec | 01/31/2024 | 5714-3-50-000 Supplies-ResidentCare | 01/24 BOA #7961 | 269.99 | 269.99 | 0.00 | 0.00 | 0.00 | 0.00 | care supplies |
| Total boa | | | | | | | | | | 9,932.64 | 9,932.64 | 0.00 | 0.00 | 0.00 | 0.00 | |

Payables Aging Report

pvrec

Period: 01/2024

As of : 01/31/2024

| Payee | Remittance Vendor | Payee Name | Invoice | Control | Batch Id | Property | Invoice Date | Account | Invoice # | Current | 0-30 | 31-60 | 61-90 | Over 90 | Future | Notes |
|--------------------------|-------------------|--|---------|----------|----------|----------|--------------|--|----------------------|------------------|------------------|-------------|-------------|-------------|-------------|-----------------------------------|
| Code | | | Notes | | | | | | | Owed | Owed | Owed | Owed | Owed | Invoice | |
| cg | | CAMBRIDGE GARDENS | | P-150721 | 22450 | pvrec | 01/31/2024 | 5035-4-02-000 LPN Wages-AL | 01/24 Payroll Reimb. | 232.92 | 232.92 | 0.00 | 0.00 | 0.00 | 0.00 | Letendre, Jessica E. |
| | | | | P-150721 | 22450 | pvrec | 01/31/2024 | 5210-3-07-000 Payroll Tax | 01/24 Payroll Reimb. | 59.39 | 59.39 | 0.00 | 0.00 | 0.00 | 0.00 | Payroll Tax- Letendre, Jessica E. |
| Total cg | | | | | | | | | | 292.31 | 292.31 | 0.00 | 0.00 | 0.00 | 0.00 | |
| chbk | | CARDMEMBER SERVICES | | P-150714 | 22447 | pvrec | 01/31/2024 | 5650-4-02-000 Travel Expense | 01/24 Chase #7228 | 2,168.37 | 2,168.37 | 0.00 | 0.00 | 0.00 | 0.00 | take over flights |
| Total chbk | | | | | | | | | | 2,168.37 | 2,168.37 | 0.00 | 0.00 | 0.00 | 0.00 | |
| dds | | DDS Hospitality LLC | | P-149143 | 22062 | pvrec | 01/11/2024 | 5990-3-32-000 Dietary/Kitchen | 1024 | 832.00 | 832.00 | 0.00 | 0.00 | 0.00 | 0.00 | full service |
| | | | | P-150861 | 22496 | pvrec | 01/11/2024 | 5990-3-32-000 Dietary/Kitchen | 1020 PV | 28,448.70 | 28,448.70 | 0.00 | 0.00 | 0.00 | 0.00 | full service \$19.95 x 62 x 23 |
| Total dds | | | | | | | | | | 29,280.70 | 29,280.70 | 0.00 | 0.00 | 0.00 | 0.00 | |
| jadams | | Janelle Adams | | P-151041 | 22559 | pvrec | 01/17/2024 | 5775-3-50-000 Postage/Overnight-Administration | Reimb. | 49.76 | 49.76 | 0.00 | 0.00 | 0.00 | 0.00 | Reimbursement for stamps |
| Total jadams | | | | | | | | | | 49.76 | 49.76 | 0.00 | 0.00 | 0.00 | 0.00 | |
| nursingcare | | Nursing Care Services, Inc. | | P-149608 | 22192 | pvrec | 01/19/2024 | 5135-9-90-000 Temporary Nursing Staff | 016418 | 544.32 | 544.32 | 0.00 | 0.00 | 0.00 | 0.00 | 01/08 Temp Nursing |
| Total nursingcare | | | | | | | | | | 544.32 | 544.32 | 0.00 | 0.00 | 0.00 | 0.00 | |
| pa_occup | | Occupational Health Centers of the Southwest | | P-150869 | 22496 | pvrec | 01/26/2024 | 5255-3-50-000 Employee Hiring | 516357376 | 144.00 | 144.00 | 0.00 | 0.00 | 0.00 | 0.00 | pre employment screening |
| | | | | P-150870 | 22496 | pvrec | 01/25/2024 | 5255-3-50-000 Employee Hiring | 516357865 | 144.00 | 144.00 | 0.00 | 0.00 | 0.00 | 0.00 | pre employment screening |
| Total pa_occup | | | | | | | | | | 288.00 | 288.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Payables Aging Report

pvmec

Period: 01/2024

As of : 01/31/2024

| Payee | Remittance Vendor | Payee Name | Invoice Notes | Control | Batch Id | Property | Invoice Date | Account | Invoice # | Current Owed | 0-30 Owed | 31-60 Owed | 61-90 Owed | Over 90 Owed | Future Invoice | Notes |
|----------------------|-------------------|---------------------------------|---------------|----------|----------|----------|--------------|---|----------------------|------------------|-----------------|------------------|-------------|--------------|----------------|--|
| pdf | | PROFESSIONAL DATAFORMS | | P-150243 | 22342 | pvmec | 01/29/2024 | 5713-3-50-000 Supplies-Administration | 17348 PVREC | 16.55 | 16.55 | 0.00 | 0.00 | 0.00 | 0.00 | laser checks |
| Total pdf | | | | | | | | | | 16.55 | 16.55 | 0.00 | 0.00 | 0.00 | 0.00 | |
| pkg | | THE POINTE AT KIRBY GATE | | P-150730 | 22450 | pvmec | 01/31/2024 | 5035-4-02-000 LPN Wages-AL | 01/24 Payroll Reimb. | 232.92 | 232.92 | 0.00 | 0.00 | 0.00 | 0.00 | Letendre, Jessica E. |
| Total pkg | | | | | | | | | | 289.99 | 289.99 | 0.00 | 0.00 | 0.00 | 0.00 | Payroll Tax- Letendre, Jessica E. |
| sbauth | | Schwenksville Borough Authority | | P-149593 | 22192 | pvmec | 01/01/2024 | 6120-3-40-000 Water & Sewer | 1826 01/24 | 14,601.78 | 0.00 | 14,601.78 | 0.00 | 0.00 | 0.00 | acct #1826 |
| | | | | P-149594 | 22192 | pvmec | 01/01/2024 | 6120-3-40-000 Water & Sewer | 1827 01/24 | 757.98 | 0.00 | 757.98 | 0.00 | 0.00 | 0.00 | Acct #1827 |
| | | | | P-149594 | 22192 | pvmec | 01/01/2024 | 6420-0-00-000 Previous Mgmt Expense | 1827 01/24 | 725.36 | 0.00 | 725.36 | 0.00 | 0.00 | 0.00 | Acct #1827 past due |
| Total sbauth | | | | | | | | | | 16,085.12 | 0.00 | 16,085.12 | 0.00 | 0.00 | 0.00 | |
| sharter | | Sandra Jakobys Beauty Salon | | P-150867 | 22496 | pvmec | 01/17/2024 | 5990-3-38-000 Contract Services-BarberandBeauty | 1/17/24 | 33.00 | 33.00 | 0.00 | 0.00 | 0.00 | 0.00 | 01/17/24 |
| Total sharter | | | | P-150868 | 22496 | pvmec | 01/24/2024 | 5990-3-38-000 Contract Services-BarberandBeauty | 01/24/24 | 43.00 | 43.00 | 0.00 | 0.00 | 0.00 | 0.00 | 01/24/24- Sharon Bernardyn |
| siirus | | Sirius Office Solutions | | P-149592 | 22192 | pvmec | 01/14/2024 | 5990-3-51-000 IT | 2274 | 2,264.04 | 2,264.04 | 0.00 | 0.00 | 0.00 | 0.00 | fully managed it services, managed network, office 365 business premium 1 year |
| Total siirus | | | | | | | | | | 2,264.04 | 2,264.04 | 0.00 | 0.00 | 0.00 | 0.00 | |
| tpp | | TARANTINO PROPERTIES PAYROLL | | | | | | | | | | | | | 0.00 | |

Payables Aging Report

pvrec

Period: 01/2024

As of : 01/31/2024

| Payee | Remittance Vendor | Payee Name | Invoice Notes | Control | Batch Id | Property | Invoice Date | Account | Invoice # | Current Owed | 0-30 Owed | 31-60 Owed | 61-90 Owed | Over 90 Owed | Future Invoice | Notes |
|-------------|-------------------|---------------------|---------------|----------|----------|----------|--------------|---------------------------------------|-----------------------------|--------------|-----------|------------|------------|--------------|----------------|---|
| | | | | | | | | | | | | | | | | |
| | | | | P-149801 | 22247 | pvrec | 01/23/2024 | 5713-3-50-000 Supplies-Administration | GRACEHILL INV# SI-293487 PV | 71.61 | 71.61 | 0.00 | 0.00 | 0.00 | 0.00 | web based policies and procedures |
| Total tpp | | | | | | | | | | 71.61 | 71.61 | 0.00 | 0.00 | 0.00 | 0.00 | |
| yardi | | YARDI SYSTEMS, INC. | | | | | | | | | | | | | 0.00 | |
| | | | | P-149141 | 22062 | pvrec | 01/14/2024 | 5755-3-50-000 Software | 4348671 | 19,842.01 | 19,842.01 | 0.00 | 0.00 | 0.00 | 0.00 | 93 Units - Yardi Voyager, Rent Calc, EHR, CRM |
| Total yardi | | | | | | | | | | 19,842.01 | 19,842.01 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Grand Total | | | | | | | | | | 83,195.42 | 83,195.42 | 16,085.12 | 0.00 | 1,994.00 | 0.00 | |

**BANK RECONCILIATION FOR THE MONTH ENDING
1/31/2024**

Perkiomen Valley
BANK OF AMERICA ACCOUNT# XXXXXXXXXX

CLOSING BALANCE PER BANK STATEMENT: \$ 21,097.00

DEPOSITS IN TRANSIT:

| | |
|----|---|
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |
| \$ | - |

\$ -

OUTSTANDING CHECKS (see attached list): \$ 16,085.12

ENDING BALANCE PER BANK STATEMENT **\$ 5,011.88**

ENDING BALANCE PER GENERAL LEDGER: \$ 5,011.88

ADJUSTMENTS:

| | |
|--|------|
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |

ENDING BALANCE PER GENERAL LEDGER: **\$ 5,011.88**

COMPLETED BY SE \$ -

Greenfield of Perkiomen Valley

2/15/2024

Bank Reconciliation Report

1/31/2024



Posted by: sestrada on 2/15/2024

Balance Per Bank Statement as of 1/31/2024 **21,097.00**

Outstanding Checks

| Check Date | Check Number | Payee | Amount |
|--------------|--------------------------------|--|------------------------|
| 1/30/2024 | 1000 | sbauth - Schwenksville Borough Authority | 16,085.12 |
| Less: | Outstanding Checks | | 16,085.12 |
| | Reconciled Bank Balance | | <u>5,011.88</u> |

Balance per GL as of 1/31/2024 **5,011.88**

Reconciled Balance Per G/L **5,011.88**

Difference (Reconciled Bank Balance And Reconciled Balance Per G/L) **0.00**

Cleared Items:

Cleared Deposits

| Date | Tran # | Notes | Amount | Date Cleared |
|-------------------------------|--------|-------|-------------------------|--------------|
| 1/30/2024 | 4 | | 21,097.00 | 1/31/2024 |
| Total Cleared Deposits | | | <u>21,097.00</u> | |



P.O. Box 15284
Wilmington, DE 19850

TARANTINO SENIOR LIVING COMMUNITIES LLC
AAF / SALVATORE A THOMAS AS COURT
APPOINTED REC
GREENFIELD OF PERKIOMEN VALLEY - OP ACCT
7887 SAN FELIPE ST STE 237
HOUSTON, TX 77063-1609

Customer service information

- Customer service: 1.888.400.9009
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Your Full Analysis Business Checking

for January 1, 2024 to January 31, 2024

Account number: [REDACTED]

TARANTINO SENIOR LIVING COMMUNITIES LLC AAF / SALVATORE A THOMAS AS COURT APPOINTED REC

Account summary

| | |
|--------------------------------------|-------------|
| Beginning balance on January 1, 2024 | \$0.00 |
| Deposits and other credits | 21,097.00 |
| Withdrawals and other debits | -0.00 |
| Checks | -0.00 |
| Service fees | -0.00 |
| Ending balance on January 31, 2024 | \$21,097.00 |

of deposits/credits: 1
of withdrawals/debits: 0
of days in cycle: 31
Average ledger balance: \$1,361.09

IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and



Equal Housing Lender

Deposits and other credits

| Date | Transaction description | Customer reference | Bank reference | Amount |
|---|-------------------------|--------------------|-----------------|--------------------|
| 01/30/24 | Preencoded Deposit | | 813008252394154 | 21,097.00 |
| Total deposits and other credits | | | | \$21,097.00 |

Daily ledger balances

| Date | Balance (\$) |
|-------|--------------|
| 01/30 | 21,097.00 |

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EXHIBIT 6

Greenfield of Perkiomen Inventory

| Quantity | Description |
|------------------------|------------------------|
| <u>Vestibule</u> | |
| 1 | Credenza |
| 2 | Arm Chairs |
| 1 | Rectangular Side Table |
| 1 | Desk |
| 1 | Computer |
| 1 | Printer |
| 1 | Easel |
| 1 | Filing Cabinet |
| <u>Lobby</u> | |
| 2 | Arm Chairs |
| 1 | Foyer Style Table |
| 1 | Radio |
| 1 | Round End Table |
| 1 | Round Ottoman |
| 4 | Vases |
| 2 | Baskets |
| 1 | Chandelier |
| 1 | Framed Mirror |
| 1 | Framed Picture |
| <u>Dining Room</u> | |
| 16 | Tables |
| 45 | Chairs |
| 1 | Credenza |
| 12 | Framed Pictures |
| 9 | Hanging lights |
| 1 | Grand Piano |
| <u>1st Fl Med Room</u> | |
| 3 | Med Carts |
| 1 | Standing Digital Scale |
| 1 | Mini Fridge |
| 1 | Desk |
| 2 | Office Chairs |
| 2 | Arm Chairs |
| 1 | Shred Box |
| <u>Willow Med Room</u> | |
| 1 | Standing Digital Scale |
| 2 | Med Carts |
| 1 | Desk |

| | |
|---|--------------|
| 1 | Office Chair |
| 1 | Arm Chair |
| 1 | Shred Box |
| 1 | Desk Phone |

RCC Office

| | |
|---|------------------|
| 1 | Desk |
| 2 | Office Chairs |
| 2 | Computers |
| 1 | Call Bell System |
| 1 | Desk Phone |
| 1 | Cabinet |

HCC Office

| | |
|---|---------------|
| 1 | Desk |
| 1 | Office Chair |
| 2 | Storage Shelf |
| 1 | Desk Phone |
| 1 | Shred Box |

Wellness Office

| | |
|---|------------------------|
| 2 | Desk |
| 1 | Desk Phone |
| 1 | Desktop Computer |
| 1 | Rolling Computer Stand |
| 1 | Office Chair |

PC Care Room

| | |
|---|-------------|
| 1 | Desk |
| 2 | Arm Chairs |
| 1 | Mini Fridge |
| 1 | Shelf |

ED Office

| | |
|---|----------------------|
| 1 | Desk |
| 1 | Office Chair |
| 2 | Visitor Chairs |
| 1 | Mini Fridge |
| 1 | Cabinet with Drawers |
| 2 | Laptop |

Maintenance Off

| | |
|---|---------------|
| 2 | Desk |
| 4 | Office Chairs |
| 2 | Desk Phone |
| 1 | Shelves |
| 1 | Microwave |
| 1 | Mini Fridge |

| | | |
|--------------------------|----|--------------------------------|
| | 1 | Mini Table |
| <u>Activities Office</u> | 2 | Desk |
| | 3 | Office Chairs |
| | 1 | Printer |
| | 1 | Desktop Computer |
| | 1 | Desk Phone |
| | 2 | Storage Shelves |
| <u>1st FL Courtyard</u> | 3 | Table |
| | 14 | Chairs |
| | 1 | Grill |
| | 1 | Storage Chest |
| <u>2nd FL Courtyard</u> | 1 | Table |
| | 4 | Chairs |
| <u>3rd FL Courtyard</u> | 2 | Table |
| | 12 | Chairs |
| <u>Kitchen</u> | 1 | Gas Stove/Oven |
| | 1 | Flat Top Griddle |
| | 1 | Reach In Fridge |
| | 2 | Chest Freezer |
| | 1 | Dishwasher |
| | 1 | Garbage Disposal |
| | 1 | Microwave |
| | 1 | Coffee Pot |
| | 1 | Blender |
| | 1 | Steam Table |
| | 5 | Prep Tables |
| | 1 | Ice Machine |
| | 1 | Dish Cart |
| | 13 | Shelving Units |
| | 5 | Carts |
| | 2 | Toasters |
| | 1 | Sandwich Prep Station w Fridge |
| | 3 | Plastic Storage Bins |
| | 1 | Insulated Transport Cart |
| | 1 | 3 Sink Pot Station |
| | 3 | Bread Racks |
| | 1 | Walk In Fridge |
| | 1 | Walk in Freezer |

Shared Office

1 Table
6 Arm Chairs
1 Shred Box
1 White Board
1 Printer/Scanner
1 Small Printer

Business Office

1 Desk
1 Office Chair
1 Filing Cabinet
1 Cabinet w/ Drawers

Laundry 1st

3 Washers
3 Driers
1 Double Stacked Drier
1 Laundry Cart
1 Cabinet
1 Cart Shelf
1 Trash Can

Laundry 3rd

2 Washers
2 Driers
1 Trash Can

Hallways

8 Benches
8 Chairs
1 Ottoman

Library

3 Rolling Tables
2 Benches
13 Arm Chairs
1 End Table

Marketing Office

2 Arm Chairs
1 Couch
1 Round Table
1 Office Chair
1 Visitor Chair
1 Desk
1 Filing Cabinet

- 1 Printer
- 1 Credenza
- 1 Mini Fridge
- 1 White Board
- 2 Short Tables
- 1 Floor Lamp
- 1 Desk Lamp
- 1 Desk Phone

Willow Common

- 3 Tables
- 13 Arm Chairs
- 8 Dining Style Chairs
- 2 End Tables
- 1 Couch
- 2 TVs
- 2 Credenza

Willow Dining Rm

- 10 Tables
- 16 Chairs
- 2 Trash Can